

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED],  
Claimant

Reg. No: 2010-777  
Issue No: 2006; 3008; 6008  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
December 17, 2009  
Clinton County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, an in-person hearing was held on December 17, 2009. Claimant personally appeared and testified.

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance Program (MA), Food Assistance Program benefits (FAP), and Child Development and Care Program benefits (CDC)?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

(1) On May 4, 2009, claimant filed an application for Medical Assistance, Food Assistance, and Child Development and Care.

(2) On May 18, 2009, a Verification Checklist was sent to the claimant with a due date of May 28, 2009.

(3) Claimant provided the majority of the information that was requested by the department, but did not provide income information from his parents or income information from his sister.

(4) On June 1, 2009, the department caseworker sent claimant notice that his Child Development and Care and Food Assistance Program benefit application was denied based upon the fact that he failed to provide the department with information needed to determine eligibility.

(5) On June 3, 2009, claimant contacted the department caseworker stating that he had provided the items on the checklist and personally delivered it to the office on the due date, and he needed to know what was missing and also needed to know the current status of his application for Medical Assistance.

(6) On June 4, 2009, claimant again e-mailed the caseworker to request information.

(7) On June 4, 2009, the department caseworker's manager contacted claimant by e-mail stating that the caseworker forwarded claimant a checklist that included among other things, a request for a verification of a source of income that he reported on his application and in person and that failure do so resulted in program ineligibility.

(8) On June 4, 2009, claimant replied that he was not given enough time to provide all the information because he only received the checklist after he contacted the caseworker and then was only given a very short period of time to gather the required items, some of which he supplied with his original application. Claimant stated that he was ill and that limited his ability to gather information. He called and asked the caseworker for an extension to allow him to regain his health and gather the requested items and although he had a fever of over 102 degrees,

she told him that he must still send the information by the stated time, so he did do that. Claimant stated that after multiple reviews he did not see an item that asked for a record of financial assistance from his parents. If he had seen the item, he would not have hesitated to include the information and that his parents were paying his legal fees as he progressed through a very bad divorce and that his wife had been the primary wage earner and supplier of health coverage and she was fired as the result of a fraud investigation which uncovered a workplace affair and threats to his life. Claimant alleged that his request for an extension of time was not granted.

(9) No extension was granted and on August 27, 2009, claimant filed a request for a hearing to contest the department's negative action.

#### CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

The Food Assistance Program (FAP) (formerly known as the Food Stamp (FS) program) is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the FAP program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3001-3015. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

The Child Development and Care program is established by Titles IVA, IVE and XX of the Social Security Act, the Child Care and Development Block Grant of 1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 and 99. The Department of Human Services (DHS or department) provides services to adults and children pursuant to MCL 400.14(1) and MAC R 400.5001-5015. Department policies are contained in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

## **DEPARTMENT POLICY**

### **All Programs**

Clients have rights and responsibilities as specified in this item.

The local office must do **all** of the following:

- . Determine eligibility.
- . Calculate the level of benefits.
- . Protect client rights. PAM, Item 105, p. 1.

## **CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES**

### **Responsibility to Cooperate**

#### **All Programs**

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. PAM, Item 105, p. 5.

#### **Client Cooperation**

The client is responsible for providing evidence needed to prove disability or blindness. However, you must assist the client when they need your help to obtain it. Such help includes the following:

- . Scheduling medical exam appointments
- . Paying for medical evidence and medical transportation
- . See PAM 815 and 825 for details. PEM, Item 260, p. 4.

A client who refuses or fails to submit to an exam necessary to determine disability or blindness **cannot** be determined disabled or blind and you may deny or close the case. PEM, Item 260, p. 4.

### **All Programs**

Clients must completely and truthfully answer all questions on forms and in interviews. PAM, Item 105, p. 5.

The client might be unable to answer a question about himself or another person whose circumstances must be known. Allow the client at least 10 days (or other timeframe specified in policy) to obtain the needed information. PAM, Item 105, p. 5.

### **FAP Only**

Do **not** deny eligibility due to failure to cooperate with a verification request by a person **outside** the group. In applying this policy, a person is considered a group member if residing with the group and is disqualified. PAM, Item 105, p. 5.

### **Refusal to Cooperate Penalties**

#### **All Programs**

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. PAM, Item 105, p. 5.

### **Responsibility to Report Changes**

#### **All Programs**

This section applies to all groups **except** most FAP groups with earnings.

Clients must report changes in circumstances that potentially affect eligibility or benefit amount. Changes must be reported **within 10 days**:

- . after the client is aware of them, or
- . the start date of employment. PAM, Item 105, p. 7.

**For TLFA only**, the client must report to the specialist any month the work requirement is not fulfilled.

Explain reporting requirements to all clients at application, redetermination and when discussing changes in circumstances. PAM, 105, p. 8.

### **Verifications**

#### **All Programs**

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See PAM 130 and PEM 702. PAM, Item 105, p. 8.

## **VERIFICATION AND COLLATERAL CONTACTS**

### **DEPARTMENT POLICY**

#### **All Programs**

**Verification** means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Obtain verification when:

- . required by policy. PEM items specify which factors and under what circumstances verification is required.
- . required as a local office option. The requirement **must** be applied the same for every client. Local requirements may **not** be imposed for MA, TMA-Plus or AMP without prior approval from central office.
- . information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party. PAM, Item 130, p. 1.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. PAM, Item 130, p. 1.

Verification is **not** required:

- . when the client is clearly ineligible, or
- . for excluded income and assets **unless** needed to establish the exclusion. PAM, Item 130, p. 1.

## **Obtaining Verification**

### **All Programs**

Tell the client what verification is required, how to obtain it, and the due date (see “**Timeliness Standards**” in this item). Use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. PAM, Item 130, p. 2.

The client must obtain required verification, but you must assist if they need and request help. PAM, Item 130, p. 2.

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If **no** evidence is available, use your best judgment.

**Exception:** Alien information, blindness, disability, incapacity, incapability to declare one's residence and, for FIP only, pregnancy must be verified. Citizenship and identity must be verified for clients claiming U.S. citizenship for applicants and recipients of FIP, SDA and MA. PAM, Item 130, p. 3.

### **Timeliness Standards**

#### **All Programs (except TMAP)**

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. If the client cannot provide the verification despite a reasonable effort, extend the time limit at least once. PAM, Item 130, p. 4.

Send a negative action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed and the client has not made a reasonable effort to provide it. PAM, Item 130, p. 4.

**MA Only**

Send a negative action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed. PAM, Item 130, p. 4.

In the instant case, claimant did provide a majority of the information which was requested by the department. He did fail to provide the income information from his parents. However, this Administrative Law Judge will find that claimant did have good cause for his failure to provide the information and that claimant did request an extension of time to provide the information. At no time did the caseworker contact claimant and let him know that he was missing some items in his packet. The department caseworker denied the application on June 1, 2009. Claimant contacted the department within three days and let the caseworker know that he did not know what he was missing from his paperwork. The caseworker did not grant an extension of time to provide the information which policy does require. Therefore, this Administrative Law Judge finds that the department has not established by the necessary, competent, material, and substantial evidence on the record that it was acting in compliance with department policy when it denied claimant's application for Medical Assistance, Food Assistance, and Child Development and Care. The department's decision must be reversed.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department has not established that it was acting in accordance with department policy when it denied claimant's application for Medical Assistance, Food Assistance, and Child Development and Care benefits.

Accordingly, the department's decision is REVERSED. The department is ORDERED to reinstate claimant's May 4, 2009 application and to give claimant thirty (30) days in which to



provide verification of income from his parents and from his sister if she lives with him and is also applying for benefits. It should be noted for the record that the original notice only stated that claimant failed to provide verification of parental income but at hearing, the caseworker stated that claimant failed to provide his parents' contribution as well as his sister's income. Once claimant has provided the information to the department, the department shall initiate a review of the May 4, 2009 application to determine if all other eligibility criteria are met. If the claimant is otherwise eligible, the department shall pay to claimant any benefits to which he is entitled. The department shall inform the claimant of the determination in writing.

/s/  
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Landis Y. Lain  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: January 14, 2010  
Date Mailed: January 14, 2010

**NOTICE:** Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

LYL/vmc

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