

STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]  
[REDACTED]  
[REDACTED]

Reg. No: 201134557  
Issue No: 2006  
Case No: [REDACTED]  
Hearing Date:  
June 29, 2011  
Isabella County DHS

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on March 21, 2011. After due notice, a telephone hearing was held on Wednesday, June 29, 2011. The Claimant participated in the hearing and was represented by her Authorized Hearings Representative (AHR).

**ISSUE**

Whether the Department of Human Services (Department) properly determined the Claimant's Medical Assistance (MA) eligibility?

**FINDINGS OF FACT**

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

1. The Claimant applied for Medical Assistance (MA) on October 11, 2011.
2. The Claimant did not claim to be disabled on her application for assistance.
3. On October 23, 2011, the Department sent the Claimant a Verification Checklist form with a due date of November 3, 2010.
4. On December 22, 2010, the Department notified the Claimant that it had denied her Medical Assistance (MA) application for failure to provide information necessary to determine her eligibility to receive benefits.
5. The Department received the Claimant's request for a hearing on March 21, 2011, protesting the denial of her application for Medical Assistance (MA).

## **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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM). The State Emergency Relief (SER) program is established by 2004 PA 344. The SER program is administered pursuant to MCL 400.10, *et seq.*, and by final administrative rules filed with the Secretary of State on October 28, 1993. MAC R 400.7001-400.7049. Family Independence Agency (FIA or agency) policies are found in the State Emergency Relief Manual (ERM).

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. BAM 105. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130. The Department uses documents, collateral contacts, or home calls to verify information. BAM 130. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. When documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

Clients are allowed ten calendar days to provide the verifications requested by the Department. BAM 130. The Department should send a negative action notice when the client indicates a refusal to provide the verification, or the time period provided has lapsed and the client has not made a reasonable effort to provide it. BAM 130. The Department should extend the time limit no more than once if the client cannot provide the verification despite a reasonable effort. BAM 130.

The Claimant applied for Medical Assistance (MA) on October 11, 2011. The Claimant did not claim to be disabled on her application for assistance and the Department processed her application considering her eligibility for non-disability based Medical Assistance (MA) categories. On October 23, 2011, the Department sent the Claimant a Verification Checklist form with a due date of November 3, 2011. The Department requested that the Claimant provide verification of her countable assets. On December 22, 2011, the Department had not received verification of the Claimant's assets, and it sent notice that it had denied the Claimant's application for Medical Assistance (MA).

The Claimant did not request an extension to the Verification Checklist due date, or assistance with obtaining her verification documents. The Claimant failed to establish that she made a reasonable effort to provide the Department with information necessary to determine her eligibility to receive benefits.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department acted in accordance with policy in determining the Claimant's Medical Assistance (MA) eligibility.

The Department's Medical Assistance (MA) eligibility determination is AFFIRMED. It is SO ORDERED.



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Kevin Scully  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: July 15, 2011

Date Mailed: July 18, 2011

**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 receipt 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.

KS/tg

cc:

