

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF		Reg. No:	

[REDACTED]

**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, a telephone hearing was held on [REDACTED]. The Claimant appeared and provided testimony.

**ISSUE**

Did the Department properly deny Claimant's Medical Assistance (MA) Application for failure to provide verifications?

**FINDINGS OF FACT**

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

1. Claimant filed an Application for Assistance on [REDACTED] (Department Exhibit 1, pgs 9-18).
2. The Claimant was given a DHS 3503 Verification Checklist requesting verification of checking account listed on the Application. (Department Exhibit 1, pgs. 3-4).
3. On [REDACTED] the Claimant was sent a Notice of Case action denying the MA application for failure to provide verification. (Department Exhibit 1, pgs 1-2).
4. On [REDACTED] the Department received the Claimant's Request for Hearing.

## **CONCLUSIONS OF LAW**

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901 - .951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his claim for assistance is denied. MAC R 400.903(1) An opportunity for a hearing shall be granted to an applicant who requests a hearing because of a denial. MAC R 400.903(2).

Clients have the right to contest a Department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. BAM 600. The Department will provide an administrative hearing to review the decision and determine the appropriateness. BAM 600.

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), State Emergency Relief Manual (ERM) and the Bridges Reference Manual (BRM).

Department policy states:

### **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. BAM, 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. BAM, Item 105, p. 5.

#### **Verifications All Programs**

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

### **Assisting the Client All Programs**

The local office must assist clients who ask for help in completing forms (including the DCH-0733-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English. BAM, Item 105, p. 10.

Verification is usually required at application / redetermination **and** for a reported change affecting eligibility or benefit level. BAM, 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. BAM, Item 130, p. 2-3.

The client must obtain required verification, but you must assist if they need and request help. BAM, 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. BAM, Item 130, p. 5.

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. BAM, Item 130, p. 5.

**BEM 400 MA ASSET ELIGIBILITY  
LIF, G2U, G2C, AMP and SSI-Related MA Only**

Asset eligibility is required for LIF, G2U, G2C, AMP and SSI-related MA categories.

Asset eligibility exists when the asset group's countable assets are less than, or equal to, the applicable asset limit at least one day during the month being tested.

At **application**, do not authorize MA for future months if the person has excess assets on the processing date.

If an **ongoing** MA recipient or active deductible client has excess assets, initiate closure. However, delete the pending negative action if it is verified that the excess assets were disposed of. Payment of medical expenses, living costs and other debts are examples of ways to dispose of excess assets without divestment. LTC and waiver patients will be penalized for divestment;

In this case, Claimant submitted an Application for Assistance. The Claimant indicated a bank account as an asset on the application. The Department properly requested verification of the Bank Account value as there is an asset requirement for eligibility of the MA program. The Claimant was given a Verification Checklist and 10 days to provide the necessary information to verify the amount of money in the checking account. The Claimant admits that she was given the Verification Checklist. Although the Claimant states that she provided the information, the Department has no record of receiving the bank statement. The Department has no record of the Claimant contacting the Department between the date of application and the request for hearing. The Claimant does not have any documentation to support her claim.

The Claimant also did not contact the Department to request any assistance with obtaining the verification documents. In this case, the Department could not verify the Claimant's eligibility for the MA program and denied the Claimant's application properly.

**DECISION AND ORDER**

This Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department properly denied the Claimant's MA application because the Claimant failed to submit the documents needed to verify her eligibility.

Accordingly, the Department's actions are UPHELD. SO ORDERED.

/s/ \_\_\_\_\_  


Date Signed:  \_\_\_\_\_

Date Mailed:  \_\_\_\_\_

**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.

