

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

IN THE MATTER OF:



Reg. No: 2011-24765  
Issue No: 2006



Monroe County DHS

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

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 received on March 10, 2011. After due notice, a telephone hearing was held on June 2, 2011. Claimant personally appeared and provided testimony.

ISSUE

Whether the department properly denied Claimant's Medical Assistance (MA) benefits for failure to cooperate by returning verification of his life insurance policy?

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 applied for Medicaid on December 9, 2010. (Hearing Summary).
2. On December 9, 2010, a Verification Checklist (DHS 3503), was sent to Claimant requesting a copy of Claimant's life insurance policy by December 20, 2010. (Department Exhibits 1-2).
3. The department mailed Claimant a Notice of Case Action on February 26, 2011, denying Claimant's Medicaid application effective December 1, 2010. (Department Exhibits 3-4).
4. Claimant submitted a hearing request on March 10, 2011 protesting the denial of his Medicaid application. (Request for a 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 400.901-400.951. 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).

Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. 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) and the Reference Tables Manual (RFT).

Department policy states that Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. Clients must take actions within their ability to obtain verifications and the department must assist Clients when necessary. BAM 105.

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. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130.

The department tells the Client what verification is required, how to obtain it, and the due date through the use of the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. The Client must obtain the required verification, but the department must assist if they need and request help. BAM 130.

For MA, the Client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested. If the Client cannot provide the verification despite a reasonable effort, the time limit is extended up to three times. A Notice of Case Actions is sent when the Client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130.

Clients must apply for benefits for which they may be eligible. Refusal to pursue a potential benefit when applying for MA, results in a person's ineligibility. BEM 270.

In this case, the department provided Claimant with a Verification Checklist (DHS 3503), requesting a copy of his life insurance policy, with a due date of December 20, 2010.

On February 26, 2011, the department closed Claimant's MA case for failure to return the required verification.

During the hearing, Claimant testified that he brought all the requested documents to the department on December 20, 2010, and that it was the clerk at the desk who copied the documents for his case worker who for whatever reason, failed to copy his life insurance policy. Claimant stated it was in the packet of materials that the clerk copied, and if he had been told by the department that they had not received it, he would have brought it in again. The department had no record of receiving the life insurance policy. Therefore, the Administrative Law Judge finds that the department acted properly by denying Claimant's request for MA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department established Claimant did not comply with the requested verification and the department's decision denying Claimant's MA benefits is UPHOLD.

It is SO ORDERED.

\_\_\_\_\_/s/\_\_\_\_\_  
Vicki L. Armstrong  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: 6/7/11

Date Mailed: 6/7/11

**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.

VLA/ds

