

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

IN THE MATTER OF:

[REDACTED]
[REDACTED]
[REDACTED]

Reg. No: 201136243
Issue No: 2006, 4003
Case No: [REDACTED]
Hearing Date:
June 30, 2011
Livingston 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 May 5, 2011. After due notice, a telephone hearing was held on Thursday, June 30, 2011.

ISSUE

Whether the Department of Human Services (Department) properly determined the Claimant's Medical Assistance (MA) and State Disability Assistance (SDA) 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) and State Disability Assistance (SDA).
2. On May 3, 2011, the Department sent the Claimant a Verification Checklist form with a due date of May 13, 2011. This form was sent to the Claimant's correct address on record and faxed to her representative.
3. On May 13, 2011, the Department had not received the Claimant's Verification Checklist form, and it notified the Claimant that it had denied her application for Medical Assistance (MA) and State Disability Assistance (SDA).
4. The Department received the Claimant's request for a hearing on May 5, 2011, protesting the denial of her application for Medical Assistance (MA) and State Disability Assistance (SDA).

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 Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

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.

The Claimant applied for Medical Assistance (MA) and State Disability Assistance (SDA). On May 3, 2011, the Department sent the Claimant a Verification Checklist form with a due date of May 13, 2011. The Verification Checklist form was mailed to the Claimant's correct address on record and faxed to her representative. On May 13, 2011, the Department had not received the Claimant's Verification Checklist form, and it notified the Claimant that it had denied her application for assistance

The Claimant argued that was not aware that the Department needed additional information and that she was willing to provide the information. The Claimant testified that she had moved, but did not establish that she had reported her new address in a timely manner.

The Department sent the Claimant a copy of the Verification Checklist to the Claimant at her correct mailing address and faxed a copy to her representative. The proper mailing and addressing of a letter creates a presumption of receipt. That presumption may be rebutted by evidence. [REDACTED]

[REDACTED] In this case, the Claimant failed to rebut the presumption of receipt.

Based on the evidence and testimony available during the hearing, the Department has established that it properly denied the Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) for failure to provide 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) and State Disability Assistance (SDA) eligibility.

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



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

Date Signed: July 18, 2011

Date Mailed: July 19, 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 60 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:

