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

IN THE MATTER OF:



Reg. No:2013-2141Issue No:4003Case No:4003Hearing Date:January 31, 2013Kalamazoo County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

HEARING DECISION

This matter is before the undersigned Admini strative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notic e, a telephone hearing was held on January 31, 2013. Claimant personally appeared and testified. Claimant requested that this hearing be held simultaneously with Register # 2013-6717 as it arises out of the same application and factual circumstances.

<u>ISSUE</u>

Did the Department of Human Services (the department) deny claimant's application for State disability Assis tance (SDA) based upon the fact that claimant failed to prove ide verification information?

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 September 6, 2012, claimant filed an application for Medical Assistance and State Disability Assistance benefits (Dept Ex A).
- (2) On September 10, 2012 the department caseworker mailed a v erification checklist t o claimant 's address whic h indicated that claimant was to provide information and attend an in terview on Sept ember 21, 2012 at 8:15a.m. (Department Exhibit B)
- (3) On September 14, 2012, claim ant returned the documents requested to the department, but missed the interview appointm ent on September 21, 2012 as a no call/no show.

- (4) On September 24, 2012, the department caseworker sent claimant notice that his SDA application was denied because claimant failed to at tend his in-person appointment.
- (5) On September 27, 2012, claim ant filed a request for a hearing to contest the department's negative action.

CONCLUSIONS OF LAW

The regulations governing the hearing and a ppeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An oppor tunity for a hearing shall be granted to an ap plicant who requests a hearing because his or her claim for assistance has been 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 of that decision. BAM 600.

The Medical Assistance (MA) program is estab lished by Title XIX of the Social Sec urity Act and is implemented by T itle 42 of the C ode 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 Program Reference Manual (PRM).

Pertinent Department policy dictates:

Cooperation, Verification, and Eligibility Determination 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. BAM, Item 105, p. 1.

CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES

Responsibility to Cooperate

All Programs

Clients must cooperate with the lo cal offic e 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 deta ils. PEM, Item 260, p. 4.

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

All Programs

Clients must completely and truthfully ans wer 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 eligibilit y 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 refu se to provide necessary information or take a required action are subject to penalties. PAM, Item 105, p. 5.

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 with in their ability to obtain verifications. DHS staff must a ssist when necessary. See PAM 130 and PEM 702. PAM, Item 105, p. 8.

LOCAL OFFICE RESPONSIBILITIES

All Programs

Ensure client rights described in this item are honored and that client responsibilities are explained in understandable terms. Clients are to be treated with dignit y and respect by all DHS employees. 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 v erbal or written statements.

Obtain verification when:

- . required by policy. PEM it ems specify which factors and under what circumstances verification is required.
- . required as a loc al 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 eligib ility 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, Verifica tion Check list, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. PAM, Item 130, p. 2.

The client must obtain require d 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 inf ormation, blindness, disability, incapacity, incapabilit y to dec lare one's residence and, for FIP only, pregnancy must be verified. Citizens hip and identity must be verified for clie nts claiming U.S. citizenship for applicants and recipients of FIP, SDA and MA. PAM, Item 130, p. 3.

Timeliness Standards

All Programs (except TMAP)

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Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. If the client can<u>not</u> provide t he verific ation des pite a reasonable effort, extend the time limit at least once. PAM, Item 130, p. 4.

In the instant case, claimant alleges that he did not have notice of the meeting. Notice of the meeting was sent to him on September 10, 2012. He did receive the notice of the meeting in a timely manner. Claimant did not attend the in-person meeting.

DECISION AND ORDER

The Administrative Law Judge, based upon t he above findings of fact and conclusion s of law, dec ides that t he department has established by the necessary c ompetent, material and substantial ev idence on the r ecord that it was acting in com pliance with department policy when it denied claimant's application for State Disability Assistance benefits under the circumstances. This Administrative Law Judge finds that claimant did not provide good cause for the failure to attend his in-person appointment.

Accordingly, the department's decision is **AFFIRMED**.

/s/

Y. Lain Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: February 6, 2013

Date Mailed: February 6, 2013

NOTICE: Administrative Hearings may or der a rehearing or reconsideration on either its own motion or at t he request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hear ings will not orde r a rehearing or reconsideration on the Department's mo tion where the final decis ion cannot be implemented within 90 days of the filing of the original request.

Landis

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical erro r, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative Hearings

Reconsideration/Rehearing Request

P. O. Box 30639

Lansing, Michigan 48909-07322

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