

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-1941
Issue No(s): 2006, 3000, 4003
Case No.: [REDACTED]
Hearing Date: November 5, 2013
County: Livingston

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on November 5, 2013, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], Authorized Hearing Representative and CMH Case Manager, and [REDACTED], the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] General Services Program Manager.

ISSUE

Did the Department properly deny the Claimant's application for Medicaid (MA) and State Disability Assistance (SDA) for failure to return requested verifications?

FINDINGS OF FACT

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

1. The Claimant applied for MA and SDA.
2. On August 21, 2013, the Department issued a Medical Determination Verification Checklist to the Claimant stating what proofs were needed by the September 3, 2013 due date. (Exhibit A, page 4)
3. On September 10, 2013, the Department issued a Notice of Case Action denying MA and SDA because the Claimant failed to return documentation to complete the disability determination. (Exhibit A, pages 7)

4. On September 19, 2013, the Claimant filed a Request for Hearing contesting the MA and SDA denial.¹

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

Additionally, a Claimant must cooperate with the local office in determining initial and ongoing eligibility, including completion of necessary forms, and must completely and truthfully answer all questions on forms and in interviews. BAM 105.

Verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. The Department worker must tell the client what verification is required, how to obtain it, and the due date. Verifications are considered timely if received by the date they are due. The client must obtain required verification, but the Department worker must assist if they need and request help. If neither the client nor the Department worker can obtain verification despite a reasonable effort, the Department worker is to use the best available information. If no evidence is available, the Department Worker is to use their best judgment. BAM 130

For MA and SDA, the Department must allow the client 10 calendar days (or other time limit specified in policy) to provide the verification you request. For MA, if the client cannot provide the verification despite a reasonable effort, extend the time limit up to three times. A case action notice is to be sent when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130.

On August 21, 2013, the Department issued a Medical Determination Verification Checklist to the Claimant stating what proofs were needed by the September 3, 2013

¹ The Claimant also checked the box for FAP on the request for hearing. However, no action was taken on the Claimant's FAP case. The Claimant's FAP case remains open at the maximum amount allowed for his group size. The Claimant's Authorized Hearing Representative testified he did not think there was any issue regarding the Claimant's FAP case. Accordingly, the portion of the appeal regarding the Claimant's FAP case is dismissed.

due date. (Exhibit A, page 4) The General Services Program Manager testified that it appeared a one week extension was given because the denial was not issued until September 10, 2013. However, the General Services Program Manager testified that it did not appear there was any additional communication in this case.

The Claimant and his Authorized Hearing Representative testified that the Claimant struggled to get the verifications in the allowed timeframe. The Claimant had to make appointments with medical providers and find transportation to those offices. The Claimant needs assistance and is facing eviction. However, the Claimant and his Authorized Hearing Representative did not seem to be aware that the Claimant could have contacted the Department to request assistance in obtaining the verifications or to request an extension of the due date.

The Medical Determination Verification Checklist advises that the Claimant should call the Department right away if he has questions or problems getting the proofs and that the Department may be able to help obtaining the proofs if asked. (Exhibit A, page 4) There was insufficient evidence to establish that the Appellant contacted the Department to request an extension of the due date or to request assistance with obtaining the needed verifications. The Department did not receive the needed verifications by the due date.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it denied the Claimant's application for MA and SDA for failure to return the requested verifications.

DECISION AND ORDER

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



Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: November 12, 2013

Date Mailed: November 12, 2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) 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. MAHS 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 (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

CL/las

cc:

