

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.:  
Issue No(s):  
Case No.:  
Hearing Date:  
County:

[REDACTED]

**ADMINISTRATIVE LAW JUDGE:** MICHAEL S. NEWELL

**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 [REDACTED] [REDACTED] from Lansing, Michigan. Participants on behalf of Claimant included Claimant and [REDACTED] [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] [REDACTED] [REDACTED].

**ISSUE**

Did the Department properly deny Claimant's MA application?

**FINDINGS OF FACT**

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

1. Claimant applied for MA benefits on [REDACTED] [REDACTED].
2. A verification checklist was sent to Claimant on [REDACTED] [REDACTED].
3. Claimant was required to submit requested verification by [REDACTED] [REDACTED] [REDACTED].
4. The Department wanted bank statements among other things.
5. The worker received a phone call before the due date and spoke to Claimant.
6. During the call, Claimant explained that she did not understand what was being requested and asked for clarification about what the Department wanted.
7. The worker told Claimant to provide everything on the checklist and offered no further explanation.

8. The verification checklist stated only the following regarding what verification was required:

Please return a copy of at least one of the requested proofs for each verifications listed below . . . .

Please provide additional information about:                      Assets  
Real Property Unknown  
Vehicle  
Life Insurance Unknown

9. On the due date, [REDACTED] [REDACTED] called the worker and requested more time.
10. No extension was granted.
11. Claimant submitted documents on [REDACTED] [REDACTED] [REDACTED]
12. On [REDACTED] [REDACTED] the Department denied Claimant's application.
13. On [REDACTED] [REDACTED] the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
14. On [REDACTED] [REDACTED] Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.

**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.

Additionally, BAM 130 directs the Department to assist Claimants in obtaining information and grant extensions when requested. The Department did neither. The verification checklist is frankly the vaguest such checklist that the undersigned has seen from the Department. Such checklists generally specify for each item the person it applies to and give options for each various items. For example, requests for a named persons checking information will specify that either a bank statement or a specified and completed DHS form will suffice.

Under the circumstances, a reasonable person would not know what was being requested, and Claimant offered un rebutted testimony that the worker simply told her to provide all the information requested. Further, the Department did not grant an extension when requested and required by BAM 130.

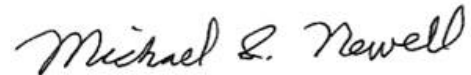
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it denied the application.

**DECISION AND ORDER**

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reinstate the application and redetermine eligibility.
2. Request additional verifications if necessary, in accordance with policy.



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MICHAEL S. NEWELL  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: April 25, 2014

Date Mailed: April 25, 2014

**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

MSN/las

cc:

