

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-001179  
Issue No.: 2002  
Case No.: [REDACTED]  
Hearing Date: June 3, 2014  
County: Ottawa County DHS

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**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 June 3, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant's attorney [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], [REDACTED], [REDACTED], and Assistant Attorney General [REDACTED].

**ISSUE**

Did the Department properly deny the Claimant's application for Medical Assistance (MA)?

**FINDINGS OF FACT**

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

1. On January 29, 2014, the Claimant's representative submitted an application for Medical Assistance (MA) on his behalf.
2. On March 19, 2014, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting verification of cash assets and an explanation of certain expenditures made from the Claimant's accounts by March 31, 2014.
3. On April 4, 2014, the Department notified the Claimant that it had denied his application for assistance.
4. On April 15, 2014, the Department received the Claimant's request for a hearing, protesting the denial of Medical Assistance (MA) benefits.

**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 Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (March 1, 2013), p 5. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Department of Human Services Bridges Assistance Manual (BAM) 130 (May 1, 2012), p 1. 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's representative submitted an application for Medical Assistance (MA) on behalf of the Claimant on January 29, 2014. On March 19, 2014, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting verification of cash assets and an explanation of certain expenditures made from the Claimant's accounts by March 31, 2014. The Department received an incomplete set of verification documents from the Claimant. On April 4, 2014, the Department had not received verification of the expenditures requested on March 19, 2014, and it notified the Claimant that his application for assistance had been denied.


The Claimant's representative testified argued that a reasonable attempt to provide the Department with the information necessary to determine his eligibility to receive benefits had been made and that the Department should have granted an extension to submit the missing information. The Claimant's representative argued that information contained in the incomplete set of verification documents should have made the Department aware that additional time would be needed to obtain all the requested information. The Claimant's representative argued that some of the information requested was from foreign bank accounts that it would take more than 10 days to obtain complete verification.

The evidence and testimony presented on the record does not support a finding that the Claimant or his representative requested assistance in obtaining the requested verification material, or that an extension was requested. This Administrative Law Judge finds that the Claimant failed to establish that he and his representatives made a reasonable effort to provide the Department with the information necessary to determine eligibility for the Medical Assistance (MA) program.

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 Medical Assistance (MA) application.

### **DECISION AND ORDER**

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

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

Date Signed: **6/12/2014**

Date Mailed: **6/12/2014**

KS / hj

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

Cc:

