

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 201423831
Issue No.: 2002
Case No.: [REDACTED]
Hearing Date: March 5, 2014
County: DHS Healthy Kids/Plan 1st

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 March 5, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] [REDACTED] as authorized hearing representative. Participants on behalf of the Department of Human Services (Department) included [REDACTED] [REDACTED]

ISSUE

Whether the Department of Human Services (Department) properly denied the Claimant's Medical Assistance (M.A.) application?

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 Department received the Claimant's Medical Assistance (M.A.) application on January 8, 2014.
2. On January 8, 2014, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting that the Claimant provide information about caretakers living in his household by January 21, 2014.
3. On November 23, 2014, the Department notified the Claimant that it had denied the Claimant's application for Medical Assistance (M.A.).
4. The Department received the Claimant's request for a hearing on January 7, 2014, protesting the denial of his Medical Assistance (M.A.) application.

CONCLUSIONS OF LAW

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.

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 Department received the Claimant's Medical Assistance (M.A.) application on January 8, 2014. The application for benefits was completed by the Claimant's adoptive parent and authorized representative.

On January 8, 2014, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting that the Claimant provide information about caretakers living in his household by January 21, 2014. When the Department did not receive this information by the due date, the Department sent the Claimant notice on November 23, 2014, that it had denied his application for assistance for failure to provide the Department with information necessary to determine his eligibility to receive benefits.

The Claimant's representative testified that the Claimant had been eligible for Medical Assistance (M.A.) in the past, and that the adoptive parent's information is not relevant to his eligibility for Medical Assistance (M.A.). This Administrative Law Judge finds that whether the adoptive parent's information affected the Claimant's eligibility for Medical Assistance (M.A.) is not relevant to this hearing because insufficient information was submitted to the Department on the application for assistance to make that determination. Therefore, it was necessary for the Department to send the Claimant the Verification Checklist (DHS-3503).

The Claimant's representative testified that she did not receive a copy of the Verification Checklist (DHS-3503) in the mail.

The proper mailing and addressing of a letter creates a presumption of receipt. That presumption may be rebutted by evidence. *Stacey v Sankovich*, 19 Mich App 638

(1969); Good v Detroit Automobile Inter-Insurance Exchange, 67 Mich App 270 (1976). In this case, the Claimant failed to rebut the presumption of receipt, which was addressed to the Claimant's current mailing address.

The Claimant's representative testified that the application for assistance contained the information she was instructed include on that application by employees of the Department.

While the Department has the burden to establish that it properly applied its policies to the Claimant's circumstances, the Claimant has the burden to establish eligibility to receive benefits. Based on the evidence and testimony available during the hearing, this Administrative Law Judge finds that the Claimant has failed to establish eligibility to receive Medical Assistance (M.A.).


Therefore, this Administrative Law Judge finds that the Department was acting in accordance with policy when it denied the Claimant's application for Medical Assistance (M.A.) for failure to provide the Department with information necessary to determine his eligibility to receive benefits.

DECISION AND ORDER

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 Medical Assistance (M.A.).

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

Kevin


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

Date Signed: March 7, 2014

Date Mailed: March 7, 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

KS/hj

cc:

