

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-013594  
Issue No.: 2002  
Case No.: [REDACTED]  
Hearing Date: February 4, 2015  
County: Livingston

**ADMINISTRATIVE LAW JUDGE:** Vicki Armstrong

**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, an in-person hearing was held on February 4, 2015, from Howell, Michigan. Claimant, represented by [REDACTED] of [REDACTED] personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator [REDACTED].

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly deny Claimant's application for Medical Assistance (MA)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant's Authorized Hearing Representative applied on behalf of Claimant for MA benefits on April 29, 2014.
2. The Department mailed Claimant a DHS 1004 Health Coverage Questionnaire on 4/29/2014, due on 5/9/2014.
3. On May 29, 2014, Claimant returned the Health Coverage Questionnaire, without proof of income.
4. Claimant was required to submit requested verification by May 9, 2014.
5. On June 13, 2014, the Department mailed Claimant a Health Care Coverage Determination Notice denying Claimant's application for MA.
6. On August 26, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.

7. On August 4, 2014, the application was reinstated and the Department mailed Claimant a Verification Checklist requesting proof of employment by 8/14/2014.
8. On August 26, 2014, the Department mailed Claimant a Health Care Coverage Determination Notice denying Claimant's MA coverage because Claimant failed to provide proof of her income.
9. On October 10, 2014, 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), and Department of Human Services Reference Tables Manual (RFT).

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.

Department policy indicates that clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. BAM 105, p 8 (1/1/2015). Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105, p 9 (1/1/2015). Clients must take actions within their ability to obtain verifications. BAM 105, p 8 (1/1/2015).

The Department must assist when necessary. BAM 105. The local office must assist clients who ask for help in completing forms or gathering verifications. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (10/1/2014). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130, p 1 (10/1/2014).

The Department uses the Verification Checklist, DHS-3503, to tell the client what verification is required, how to obtain it and the due date. BAM 130, p 2 (10/1/2014). The client must obtain the required verification, but the Department must assist if they need and request help. BAM 130, p 2 (10/1/2014).

A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the Department. The Department sends a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p 6 (10/1/2014).

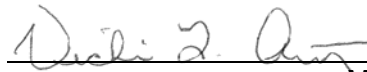
In this case, Claimant reported employment in the MA application. A Verification Checklist was mailed on August 4, 2014, requesting verification of employment. On August 26, 2014, a notice was mailed to Claimant indicating MA benefits were denied for failure to verify income.

During the hearing, Claimant credibly testified that she did not know the MA application was filed on her behalf. She stated, "I didn't know I was applying for me." When Claimant was asked why she did not return the verification of employment, Claimant stated, "I didn't think it was for me."

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 Claimant's MA application.

### **DECISION AND ORDER**

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



**Vicki Armstrong**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **2/20/2015**

Date Mailed: **2/20/2015**

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**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 48909-8139

cc:

