

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED]

Claimant

Reg. No: 2009-25046

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

April 6, 2010

Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Marlene B. Magyar

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, an in-person hearing was held on April 6, 2010. Claimant personally appeared and testified.

ISSUE

Did the department properly close claimant's daughter's Healthy Kids Medicaid (MA) case based on claimant's failure to return necessary documents during the mandatory redetermination. process?

FINDINGS OF FACT

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

(1) Claimant is an unmarried, 21-year-old, [REDACTED] citizen who gave birth to her daughter here in [REDACTED] in [REDACTED]

(2) Due to birth on [REDACTED] soil, claimant's baby automatically became a [REDACTED] consequently, the department approved Healthy Kids MA for the child and scheduled a mandatory review to determine her ongoing MA eligibility the following year, as required by policy in BAM Item 210, pg 1, which states:

Newborn cases must be redetermined no later than the month of the child's first birthday

(3) On April 3, 2009, the department mailed claimant a Verification Checklist (DHS-3503) which specifically requested certain verifications necessary to complete the redetermination process, and also, specifically warned claimant these documents must be returned to the local office no later than April 13, 2009 (Department Exhibit #1).

(4) This Verification Checklist (DHS-3503) also states:

Call me right away if you cannot come to the interview or if you have any questions or problems getting the proofs. I will help you get the proofs if you ask for help. If the information must be provided on a DHS form, the form is enclosed.

You must get the proofs to me or call me by the due date below. **If you do not, your benefits may be denied or cancelled** (Department Exhibit #1).

(5) When claimant failed to return the requested verifications (proofs) or to contact the department to request an extension of the stated deadline, the department notified her in writing her daughter's MA would be cancelled effective June 1, 2009 (Department Exhibit #2-4).

(6) Claimant filed a hearing request to dispute this action, and she received a Notice of Hearing mailed March 23, 2010, which explained when and where her hearing would be held.

(7) Claimant personally appeared at the appointed date and time.

(8) All written correspondence the department mailed to claimant during the period in dispute was mailed to the same address as the Notice of Hearing; additionally, none of these mailings were ever returned to the department as undeliverable.

### CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

The applicable departmental policy states:

#### **CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES**

##### **Responsibility to Cooperate**

###### **All Programs**

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. PAM, Item 105, p. 5.

###### **All Programs**

Clients must completely and truthfully answer all questions on forms and in interviews. PAM, Item 105, p. 5.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. PAM, Item 130, p. 1.

At application and redetermination:

- . Thoroughly review all eligibility factors in the case.

Applications and redeterminations must be completed within the standards of promptness. See PAM 115, 210. PAM, Item 105, p. 11.

## **VERIFICATION AND COLLATERAL CONTACTS**

### **DEPARTMENT POLICY**

#### **All Programs**

**Verification** means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Obtain verification when:

- . required by policy. PEM items specify which factors and under what circumstances verification is required.
- . required as a local office option. The requirement **must** be applied the same for every client. Local requirements may **not** be imposed for MA, TMA-Plus or AMP without prior approval from central office.
- . information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party. PAM, Item 130, p. 1.

#### **Obtaining Verification**

##### **All Programs**

Tell the client what verification is required, how to obtain it, and the due date (see “**Timeliness Standards**” in this item). Use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. PAM, Item 130, p. 2.

Send 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. PAM, Item 130, p. 4.

##### **MA Only**

Send a negative action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed. PAM, Item 130, p. 4.

Only **adequate** notice is required for an application denial. **Timely** notice is required to reduce or terminate benefits.

**Exception:** At redetermination, **FAP** clients have until the last day of the redetermination month **or** 10 days, whichever is later, to provide verification. See PAM 210. PAM, Item 130, p. 4.

### **TMAP**

See PEM 647 regarding timeliness standards for TMA-Plus determinations. PAM, Item 130, p. 5.

The evidence of record clearly establishes the department properly applied all the above-referenced policy in claimant's case. Claimant, as her child's parent, had the responsibility to comply with this policy. When she failed to do so, the department had no alternative but to close her child's MA case.

At the hearing, the department's witness provided claimant with another blank application. When and if claimant returns this application with the necessary verifications (specified again on the record at hearing), the department will redetermine her child's MA eligibility and will notify claimant in writing whether the newly filed application is approved or denied.

### DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department properly closed claimant's daughter's Healthy Kids MA case based on claimant's failure to return necessary documents during the mandatory redetermination process.

Accordingly, the department's action is AFFIRMED.

/s/  
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Marlene B. Magyar  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: May 11, 2010

Date Mailed: May 12, 2010

**NOTICE:** Administrative Hearings 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. Administrative Hearings 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.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

MBM/db

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