

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No: 201045317  
Issue No: [REDACTED]  
Case No: [REDACTED]  
Load No: 8120000000  
Hearing Date:  
December 7, 2010  
Macomb County DHS

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9; and MCL 400.37; upon Claimant's request for a hearing filed on July 30, 2010. After due notice, a telephone hearing was held December 7, 2010. The law, MCL 24.278(2) provides that a disposition may be made of a contested case hearing by stipulation or agreed settlement.

Claimant testified that he had reapplied for AMP during the open enrollment period of October 1, 2010 through November 30, 2010. The department could not verify or dispute that Claimant had reapplied and was unable to determine during the hearing what date Claimant had reapplied or what the status of his application was. The department agreed to verify the status of Claimant's application for AMP after the hearing and run a redetermination of Claimant's eligibility for AMP benefits. Claimant stated that this satisfied his hearing request.

**ISSUE**

Did the department properly close Claimant's Medical Assistance (MA) case for failure to return the required verifications in June 2010?

**FINDINGS OF FACT**

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

1. On June 8, 2010, medical forms and a verification checklist were sent to Claimant for his Medical Review Team (MRT) review due back to the department by June 28, 2010. (ALJ Exhibit #1).

2. Claimant turned in half of the required documentation by June 28, 2010, and the remaining documentation by July 5, 2010.
3. On June 29, 2010, the department issued a negative case action with a close date of July 31, 2010. (ALJ Exhibit #1).
4. On July 21, 2010, the department received Claimant's hearing request, protesting the denial of Medicaid.
5. On July 31, 2010, the department closed Claimant's Medicaid case due to lack of verification. (ALJ Exhibit #1).

### **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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM). Department 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. BAM, Item 105, p. 5.**

##### **Refusal to Cooperate Penalties**

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

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM, Item 105, p. 5.

##### **Verifications**

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

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See BAM 130 and BEM 702. BAM, Item 105, p. 8.

## **Assisting the Client**

### **All Programs**

The local office must assist clients who ask for help in completing forms (including the DCH-0733-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English. BAM, Item 105, p. 9. Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM, 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. BAM, Item 130, p. 2.

The client must obtain required verification, but you must assist if they need and request help. BAM, Item 130, p. 2.

### **Timeliness of Verifications**

#### **MA and AMP**

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to three times. BAM, Item 130, p. 5.

Send a case action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed. BAM, Item 130, p. 5.

The department provided Claimant with a verification checklist with a due date of June 28, 2010. Claimant turned in half of the required items on the checklist by June 28, 2010. The department issued a negative action on June 29, 2010. Claimant turned in the remaining documents on July 5, 2010. The department stated that Claimant reapplied for MA on July 14, 2010 and the application was forwarded to MRT.

On July 31, 2010, the department closed Claimant's MA case for failure to return the required verification.

In this case, the Administrative Law Judge cannot uphold the department's denial of MA for lack of verification. The department admitted that Claimant had submitted all the requested verification prior to the department closing the case. In addition, the department is required to collect and submit the medical forms and verification to MRT. MRT reviews any medical evidence provided by the client and makes the determination whether Claimant meets the eligibility requirements for MA. BAM 815, p 1.

Based on the undisputed facts above, the department failed to establish Claimant did not comply with verification requirements and the department failed to follow departmental policy in forwarding the documentation to MRT for a MA decision of eligibility.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Claimant provided verification needed to determine his MA eligibility.

Accordingly, the department's MA action is **REVERSED**. Further, based on the agreed upon settlement, it is **ORDERED** that the department shall immediately run a redetermination of claimant's eligibility for AMP benefits.

/s/  
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Vicki L. Armstrong  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: December 16, 2010

Date Mailed: December 16, 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.

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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 was made, within 30 days of the receipt date of the rehearing decision.

VLA [REDACTED]

cc: [REDACTED]