

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 201052704
Issue No: 2006
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date: January 18, 2011
Kalamazoo County DHS

ADMINISTRATIVE LAW JUDGE: Janice Spodarek

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, a telephone hearing was held on 1/18/11.

ISSUE

Did the DHS properly propose to close claimant's family's LIF MA on the grounds that claimant failed to comply with the department's verification request at redetermination?

FINDINGS OF FACT

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

1. At all relevant times prior to the proposed negative herein, claimant and his family of four individuals were recipients of the LIF Medicaid Program with the Michigan DHS.
2. Claimant's review was scheduled for July, 2010. On 6/15/10 the DHS issued its redetermination forms.
3. Claimant failed to return the redetermination forms.
4. On 7/19/10 the DHS issued notice to claimant that effective 7/31/10 the MA will close.

5. On 7/28/10 claimant failed a timely hearing request. The department reinstated the action pending the outcome of the hearing.
6. At the administrative hearing, claimant exhibited a language barrier but did not offer any reason for failing to return the verification forms.

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).

Applicable policy and procedure to the case herein states in part:

DEPARTMENT POLICY

All Programs

Clients have rights and responsibilities as specified in this item.

The local office must do **all** of the following:

- . Determine eligibility.
- . Calculate the level of benefits.
- . Protect client rights. BAM, Item 105, p. 1.

All Programs

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

The client might be unable to answer a question about himself or another person whose circumstances must be known. Allow the client at least 10 days (or other timeframe specified in policy) to obtain the needed information. BAM, Item 105, p. 5.

Responsibility to Report Changes

All Programs

This section applies to all groups **except** most FAP groups with earnings.

Clients must report changes in circumstances that potentially affect eligibility or benefit amount. Changes must be reported **within 10 days**:

- . after the client is aware of them, or
- . the start date of employment. BAM, Item 105, p. 7.

Verifications

All Programs

Clients must take actions with in 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-07 33-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.

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 Check list, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. BAM, 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. BAM, 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. BAM, Item 130, p. 4.

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. BEM 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. BAM, Item 130, p. 1.

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

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

Under the above cited policy and procedure, the department was required to issue a verification packet at redetermination. A review of the record indicates that the department correctly followed its policy and procedure in issuing the redetermination forms.

Under the above policy and procedure, claimant is required to respond to the department's request for determination. Claimant failed to do so. Claimant acknowledged failing to do so at the administrative hearing and did not offer any good cause reason for doing so. However, claimant did exhibit a language barrier. Under the above cited authority, the department is required to show particular sensitivity in such cases and assist claimants.

The undersigned Administrative Law Judge requested that the department meet with claimant directly after the hearing to review his redetermination and review what was necessary for him to complete the redetermination. Claimant had a 12-year-old daughter with him at the hearing who indicated she would assist her father in these forms. The worker at the hearing indicated she would clearly indicate to claimant if any paperwork was due and when.

However, this ALJ must review the action that the department took at the time it took the action and to make a determination if it was correct under policy and procedure. As claimant has been a recipient of Medicaid for a number of years, this ALJ finds that the department correctly followed its policy and procedure and will uphold the proposed closure. This does not mean that the department will assuredly close the case; the claimant may complete the verification forms as of the hearing date entitling him to future Medicaid eligibility.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department's actions were correct.

Accordingly, the department's proposed actions are hereby UPHELD.

Janice

/s/
Spodarek
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: January 28, 2011

Date Mailed: January 31, 2011

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.

JS/vc

cc:

