

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

**IN THE MATTER OF:**

[REDACTED]

Reg No: 2011-15127  
Issue No: 2006  
Case No: [REDACTED]  
Hearing Date:  
June 8, 2011  
Washtenaw County DHS-20

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

**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 June 8, 2011. The Claimant appeared and testified. The Claimant's Representative [REDACTED] through [REDACTED] was also present at the hearing. [REDACTED] FIM and [REDACTED] ES appeared on behalf of the Department.

**ISSUE**

Was the Department correct in closing Claimant's MA case for failing to return verifications?

**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 was a recipient of MA.
- (2) Redetermination forms were sent to Claimant on July 14, 2010 with an August 2, 2010 due date.
- (3) Claimant submitted verifications in June 2010 pursuant to a mid-certification contact notice. Medicaid eligibility was part of the mid-certification.

- (4) Claimant called her case worker [REDACTED] twice in July 2010 and left detailed messages inquiring whether verifications were needed despite the fact that verifications were submitted the month before.
- (5) [REDACTED] was not available to testify at hearing.
- (6) Claimant had verifications ready to submit on July 28, 2010.
- (7) Claimant suffered a migraine headache on July 29, 2010 that caused numerous difficulties including memory loss that precluded her from submitting verifications prior to the deadline. A letter from Claimant's treating physician [REDACTED] confirmed this.
- (8) Claimant's MA case was closed on September 1, 2010 for failing to return verifications.
- (9) Claimant requested a hearing on August 26, 2010 contesting the closure of her Medicaid benefits.

### **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 (formerly known as the Family Independence Agency) 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). The Medical Assistance program was designed to assist needy persons with medical expenses.

Clients must cooperate with the local office in determining initial and ongoing eligibility to provide verification. BAM 130, p. 1. The questionable information might be from the client or a third party. *Id.* The Department can use documents, collateral contacts or home calls to verify information. *Id.* The client should be allowed 10 calendar days to provide the verification. If the client cannot provide the verification despite a reasonable effort, the time limit to provide should be extended at least once. BAM 130, p.4; BEM 702. If the client refuses to provide the information or has not made a reasonable effort within the specified time period, then policy directs that a negative action be issued. BAM 130, p. 4.

### **INCOMPLETE APPLICATIONS All Programs**

An incomplete application contains the minimum information required for registering an application. However, it does not contain enough information to determine eligibility because all required questions are not answered for the program(s) for which the client is applying; see BAM 105. When an incomplete

application is filed, retain the application and give or send the client the DHS-3503, Verification Checklist. Inform the client of the: • Request for contact to complete missing information. • Due date for missing information. • Interview date, if applicable. If an interview is necessary, conduct it on the day of the filing, if possible. Otherwise, schedule it for **no later than 10 calendar days** from the application date. BAM 115

In the present case, Claimant's credibly testified that she was incapacitated due to a migraine headache on July 29, 2010 and this prevented her from submitting the documents prior to the August 2, 2010 deadline. A letter from Claimant's treating physician [REDACTED] confirms this. In addition, Claimant was understandably confused regarding why more verifications were needed when the mid-certification review was completed the month before and it was likely that none of the information changed. Claimant acted properly in seeking clarification from her worker. Claimant's undisputed testimony was that she left detailed messages with her worker on two occasions seeking clarification and received no response. The verifications requested by the Department are cumbersome and time consuming to obtain and complete, it is understandable why she may have waited for a response from her worker.


This Administrative Law Judge cannot find that Claimant refused to cooperate or failed to make a reasonable effort to cooperate. This Administrative Law Judge finds that Claimant was sufficiently cooperative. Therefore the Department was incorrect to close Claimant's MA case for failing to return verifications. BAM 130

Furthermore, Claimant credibly testified that she submitted the requested documents prior to the closure and was given assurances from her worker at the time [REDACTED] that her case would not close. Claimant had to submit the documents a second time after they could not be located by the Department. Claimant's case could have been reinstated on this basis also.

Finally, Claimant reapplied for Medicaid in December 2010 checking the box on her application for retroactive coverage back to September 2010. Claimant's application was not processed for retroactive coverage, although at hearing, now 6 months later, the Department has offered to do so. Apparently, additional documents were needed to process the retroactive coverage, but the Claimant was not notified regarding what was missing. It does not appear that the Department followed policy regarding incomplete applications. BAM 115

**DECISION AND ORDER**

Therefore based on the forgoing findings of fact and conclusions of law it is ORDERED that the Department decision to close Claimant's MA case for failing to return verifications is REVERSED. Claimant's MA case shall be reinstated and reprocessed going back to the date of closure.

Aaron   
Administrative  
for  
Department

McClintic  
Law Judge  
Maura Corrigan, Director  
of Human Services

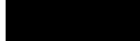
Date Signed: June 20, 2011

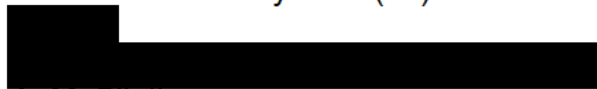
Date Mailed: June 20, 2011

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 60 days of the filing of the original request.

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.

AM/ctl

cc:   
Washtenaw County DHS (20)/1843

  
A. McClintic  
Administrative Hearings