

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

IN THE MATTER OF:

[REDACTED]
[REDACTED]
[REDACTED] 49007

Reg. No: 201118722

Issue No: 2006, 2001

Case No: [REDACTED]

Hearing Date:

May 12, 2011

Kalamazoo County DHS

ADMINISTRATIVE LAW JUDGE: Kevin Scully

HEARING DECISION

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on January 18, 2011. After due notice, a telephone hearing was held on Thursday, May 12, 2011.

ISSUE

Whether the Department of Human Services (Department) properly determined the Claimant's Medical Assistance (MA) eligibility?

FINDINGS OF FACT

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

1. The Claimant was an ongoing Medical Assistance (MA) recipient under the Adult Medical Program (AMP).
2. On December 8, 2010, the Claimant reported a loss of employment to the Department.
3. On December 13, 2010, the Department sent the Claimant a Verification of Employment form with a due date of December 27, 2010. The Department requested that the Claimant verify his loss of employment.
4. On December 29, 2010, the Claimant submitted the Verification of Employment form to the Department, but it did not verify his loss of employment.

5. The Department received the Claimant's request for a hearing on January 18, 2011, protesting the termination of his Adult Medical Program (AMP) benefits.

CONCLUSIONS OF LAW

The Adult Medical Program (AMP) is established by Title XXI of the Social Security Act; (1115)(a)(1) of the Social Security Act, and is administered by the Department of Human Services (DHS or department) pursuant to MCL 400.10, et seq. Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Bridges Reference Manual (BRM).

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. BAM 105. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130. The Department uses documents, collateral contacts, or home calls to verify information. BAM 130. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. When documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

Clients are allowed ten calendar days to provide the verifications requested by the Department. BAM 130. The Department should send a negative action notice when the client indicates a refusal to provide the verification, or the time period provided has lapsed and the client has not made a reasonable effort to provide it. BAM 130. The Department should extend the time limit no more than once if the client cannot provide the verification despite a reasonable effort. BAM 130.

In this case, the Claimant was an ongoing Medical Assistance (MA) recipient under the Adult Medical Program (AMP). On December 8, 2010, the Claimant reported a loss of employment to the Department. On December 13, 2010, the Department sent the Claimant a Verification of Employment form with a due date of December 27, 2010. The Department requested that the Claimant verify his loss of employment. On December 29, 2010, the Claimant returned his Verification of Employment form to the Department, but it did not verify his loss of employment. Therefore, the Department terminated the Claimant's Adult Medical Program (AMP) benefits for failure to verify his loss of employment.

Based on the evidence and testimony available during the hearing, the Department has established that it properly terminated the Claimant's Adult Medical Program (AMP) benefits for failure to provide information necessary to determine his eligibility to receive benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that that the Department acted in accordance with policy in determining the Claimant's Adult Medical Program (AMP) eligibility.

The Department's Adult Medical Program (AMP) eligibility determination is AFFIRMED. It is SO ORDERED.

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

Date Signed: May 23, 2011

Date Mailed: May 23, 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.

KS/tg

cc:

