

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 201118839
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 February 1, 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) category.
2. On December 14, 2010, the Department sent the Claimant a Redetermination form with a due date of January 3, 2011.
3. When the Department had not received the Claimant's Redetermination form or verification documents by January 20, 2011, it sent the Claimant notice that it would terminate her Medical Assistance (MA) as of February 1, 2011.
4. The Department received the Claimant's request for a hearing on February 1, 2011, protesting the termination of her Medical Assistance (MA) under the Adult Medical Program (AMP). The request was received 12 days after the Department sent its notice of case action.

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).

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.

The Claimant was an ongoing participant in the Adult Medical Program (AMP) when the Department sent her a Redetermination form with a due date of January 3, 2011. When the Department had not received the Claimant's Redetermination form or required verification documents by January 20, 2011, it sent the Claimant notice that it would terminate her Medical Assistance (MA) under the Adult Medical Program (AMP) as of February 1, 2011.

The Claimant testified that she lost the Redetermination form, but submitted verification documents to the Department on February 1, 2011.

The submission of documents after benefits had been terminated is not relevant to the issue of whether the Department properly terminated the Claimant's participation in the Adult Medical Program (AMP) on January 20, 2011.

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

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides 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 20, 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:

