

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

IN THE MATTER OF:



Reg. No.: 2011-29710
Issue No.: 2006
Case No.: [REDACTED]
Hearing Date: July 13, 2011
St. Clair County DHS

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a hearing was held in Port Huron, Michigan on Wednesday, July 13, 2011. The Claimant appeared and testified. [REDACTED] appeared on behalf of the Department of Human Services ("Department").

ISSUE

Whether the Department properly denied the Claimant's application for Medical Assistance ("MA") based on disability?

FINDINGS OF FACT

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

1. The Claimant received MA benefits under the Low Income Family ("LIF") program based on having a child, under the age of 20, in the home.
2. The child turned 20 in February 2011 and, thus, the Claimant was no longer eligible under the LIF program.
3. The Claimant's MA benefits under the LIF program terminated effective March 1, 2011. (Exhibit 7)
4. Prior to closure, the Department did not make an inquiry as to whether the Claimant was eligible under another MA program.

5. As a result, the Department reinstated the Claimant's benefits under the AD-Care program based on the Claimant's claim of disability. (Exhibit 7)
6. On March 21, 2011, the Department gave the Claimant a Verification Checklist and other medical documents that needed to be completed and submitted by March 31, 2011. (Exhibits 2 – 4)
7. The Claimant denied receipt of the Verification Checklist.
8. No verifications were received by the due date.
9. On April 11, 2011, the Department sent the Claimant a Notice of Case Action informing the Claimant that his MA benefits were scheduled for closure effective May 1, 2011 due to the failure to submit the requested verifications. (Exhibits 12– 15.)
10. On April 18, 2011, the Department received the Claimant's written request for hearing.
11. On this date, April 18th, the Department received the verifications that the Claimant was required to complete.
12. The Department did not receive any supporting medical evidence until May 2011.

CONCLUSIONS OF LAW

The MA program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of Human Services ("DHS"), formerly known as the Family Independence Agency, 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 Bridges Reference Manual ("BRM").

Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion of the necessary forms. BAM 105. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130. Client's are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. BAM 130. If the client cannot provide the verification despite a reasonable effort, the time limit should be extended up to three times. BAM 130.

In this case, the Claimant previously received MA benefits under the LIF program. In February 2011, the Claimant's child turned 20 and, thus, the Claimant was no longer eligible under that program. The Department terminated the Claimant's benefits prior to making a determination of whether he was eligible under another program. Upon discovering its error, the Department reinstated MA coverage under the AD-Care program. The Claimant alleged disability. On March 21, 2011, the Department testified credibly that it provided the Claimant a Verification Checklist with a due date of March 31st. This testimony was further supported by a Bridges History Correspondence which reflects that on March 21st, a Verification Checklist was locally printed. The Claimant denied receipt of the Checklist but acknowledged receipt of the other requested forms.

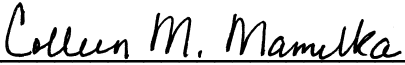
The Verifications, which included forms to be completed by a physician(s), were due March 31st. No verifications were received resulting in the April 11, 2011 denial. The record established that there was no communication between the Claimant and the Department after March 21st through the point of denial. Ultimately, under the facts presented, it is found that the Department established it acted in accordance with Department policy when it denied the Claimant's application for Medical Assistance based on the failure to timely submit verifications necessary to determine program eligibility. Accordingly, the Department's actions are upheld.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds the Department established it acted in accordance with Department policy when it denied the Claimant's MA application.

Accordingly, it is ORDERED:

The Department's determination is AFFIRMED.



Colleen M. Mamelka
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: July 19, 2011

Date Mailed: July 19, 2011

2011-29710/CMM

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.

CMM/cl

cc:

