

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

IN THE MATTER OF:

[REDACTED] 0
[REDACTED]

Reg. No.: 201326077
Issue No.: 2006
Case No.: [REDACTED]
Hearing Date: February 21, 2013
County: Plan First Program Office

ADMINISTRATIVE LAW JUDGE: C. Adam Purnell

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a three-way telephone hearing was held on February 21, 2013. Claimant personally appeared and provided testimony. Participants on behalf of Department of Human Services (Department) included [REDACTED] (Assistance Payments Worker).

ISSUE

Due to a failure to comply with the verification requirements, did the Department properly close Claimant's case for Medical Assistance (MA) under the Plan First! Family Planning Program?

FINDINGS OF FACT

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

1. Claimant was receiving Plan First! Family Planning Program MA benefits.
2. On December 11, 2012, the Department mailed Claimant a Plan First! Redetermination Notice (DHS-0033).
3. Claimant was required to submit requested verification by January 2, 2013.
4. On January 19, 2013, the Department mailed Claimant a Notice of Case Action (DHS-1605) which closed Claimant's case effective February 1, 2013 because she failed to return the redetermination form in a timely manner.
5. On January 28, 2013, Claimant filed a hearing request, protesting the closure.

CONCLUSIONS OF LAW

Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

The Plan First! Family Planning Program is a health coverage program operated by the Department of Community Health (DCH). BEM 124. Plan First! will enable DCH to provide family planning services to women who would not have coverage for these services and do not have other comprehensive health insurance. BEM 124. The program is administered by the centrally located Plan First! Unit. All eligibility factors in this item must be met. BEM 124. All nonfinancial eligibility factors must be met in the calendar month being tested. BEM 124.

The target population for Plan First! are non-pregnant women who also meet all of the following criteria: (1) 19-44 years of age; (2) not currently covered by Medicaid or Adult Medical Program (AMP), (3) not covered by any other comprehensive health insurance¹, (4) have family income at or below 185% of the federal poverty level, (5) meet Michigan residency requirements, and (6) meet Medicaid citizenship requirements. BEM 124.

The Plan First! Unit will determine eligibility for Plan First! when an MSA-1582 is received, no other MA programs will be considered. BEM 124. The Plan First! Unit will register the application and determine MA eligibility at application and redetermination. BEM 124. Once eligibility has been determined the individual will be issued a mihealth card. BEM 124.

The Plan First! Unit is responsible for:

- Evaluating the applicant for other Medicaid programs based on the information provided, which may provide more comprehensive services and refer the individual to the local DHS office.
- Registering the application in Bridges and completing an eligibility determination.
- Sending a DHS-3503, Verification Checklist, when additional information is needed.
- Sending notices to the individual regarding eligibility.
- Maintaining the case record, including processing an address change if the individual is active Plan First! only. See BEM 124.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130. Verification is usually required upon

¹ If the other health insurance does not include family planning services the client may be eligible for Plan First!. Medicare is one example of comprehensive health insurance. BEM 124.

application or redetermination and for a reported change affecting eligibility or benefit level. BAM 130. Verifications are considered timely if received by the date they are due. BAM 130.

Here, Claimant has failed to make a reasonable effort to provide all requested verifications within the required time period. Claimant did not dispute receiving the Plan First! Redetermination Notice Packet (DHS-0033), but she stated that it was her mother who was responsible to forward the DHS-0033 in a timely manner.

Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department properly closed Claimant's case.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department did act properly.

Accordingly, the Department's decision is **AFFIRMED** for the reasons stated on the record. Claimant's request for a hearing concerning Food Assistance Program (FAP) benefits is **DISMISSED** because Claimant had not applied for FAP nor was she active for FAP at the time of the hearing request.

IT IS SO ORDERED.

/s/ _____
C. Adam Purnell
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: February 20, 2013

Date Mailed: February 25, 2013

NOTICE: Michigan Administrative Hearing System (MAHS) 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. MAHS 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.

CAP/cr

cc:

