

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

IN THE MATTER OF:



Reg. No.: 2014-10564
Issue No(s): 2002, 3000
Case No.: [REDACTED]
Hearing Date: December 12, 2013
County: Berrien County DHS

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on December 12, 2013, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] the Claimant, and [REDACTED] husband. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Assistance Payments Supervisor.

ISSUE

Did the Department properly close the Claimant's Medicaid case due to a failure to comply with the verification requirements?

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's Medicaid case was due for redetermination in September 2013.
2. On August 13, 2013, a Redetermination form was issued to the Claimant listing a due date of September 3, 2013.
3. On September 19, 2013, the Department issued a Notice of Case Action to the Claimant stating the Medicaid case would close effective October 1, 2013, because the Claimant failed to return the redetermination form and/or provide required proofs.

4. On October 25, 2013, the Claimant filed a request for hearing protesting the Department's action¹.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

Additionally, a Claimant must cooperate with the local office in determining initial and ongoing eligibility, including completion of necessary forms, and must completely and truthfully answer all questions on forms and in interviews. BAM 105.

Verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. Verifications are considered timely if received by the date they are due. The Department must allow a client 10 calendar days (or other time limits specified in policy) to provide the requested verification. The Department worker must tell the client what verification is required, how to obtain it, and the due date. BAM 130.

Benefits stop at the end of the benefit period unless a redetermination is completed and a new benefit period is certified. If a client files an application for redetermination before the end of the benefit period, but fails to take a required action, the case is denied at the end of the benefit period. BAM 210.

On August 13, 2013, a Redetermination form was issued to the Claimant listing a due date of September 2, 2013, for returning the form with any required verifications. The Assistance Payments Supervisor testified that on September 19, 2013, the Medicaid case was set for closure at the end of the month because the required redetermination was not received. The Assistance Payments Supervisor explained that the Medicaid closure went into effect because the Redetermination was not received by the end of the review month.

The Claimant's husband explained that they have moved three times in the last couple of years. Therefore, they do not always get paperwork in time, or if they received it, it may be mislaid during the moves. However, the Claimant's husband confirmed that the

¹ The Claimant also marked that she was contesting an action regarding the Food Assistance Program (FAP) on the hearing request. However, the Assistance Payments Supervisor confirmed that the Claimant did not have a FAP case. Accordingly, there was no action taken regarding FAP. The FAP portion of the Claimant's request for hearing is dismissed.

August 13, 2013, Redetermination was mailed to the correct address. The Claimant's husband explained that when this Redetermination was due, the Claimant was hospitalized and it slipped their minds to return the paperwork because they were concentrating on the Claimant's health.

While it is understandable that the focus was on the Claimant's health and completing paperwork slipped their minds due to the Claimant's hospitalization, the BAM 210 policy is clear. The Department is to stop benefits at the end of the benefit period unless a redetermination is completed and a new benefit period is certified. If she has not already done so, the Claimant may wish to re-apply for Medicaid.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it closed the Claimant's Medicaid case because requested verifications were not returned to complete the redetermination.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.

/s/
Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: December 13, 2013

Date Mailed: December 16, 2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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 (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

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The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

CL/hj

cc:

