

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

IN THE MATTER OF:



Reg. No.: 2014-596
Issue No(s): 2003
Case No.: [REDACTED]
Hearing Date: December 11, 2013
County: Washtenaw 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 11, 2013, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], mother and Authorized Hearing Representative, and [REDACTED] the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Eligibility Specialist.

ISSUE

Did the Department properly close the Claimant's Adult Medical Program (AMP) 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 AMP case was due for redetermination in July 2013.
2. On June 11, 2013, a Redetermination form was issued to the Claimant listing a due date of July 1, 2013.
3. On July 20, 2013, the Department issued a Notice of Case Action to the Claimant stating the Medicaid case would close effective August 1, 2013, because the Claimant failed to return the redetermination form and/or provide required proofs.
4. On September 20, 2013, the Claimant filed a request for hearing contesting the Department's action.

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.

The Adult Medical Program (AMP) is established by 42 USC 1315 and is administered by the Department pursuant to MCL 400.10.

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 June 11, 2013, a Redetermination form was issued to the Claimant listing a due date of July 1, 2013, for returning the form with any required verifications. The Eligibility Specialist testified that the required redetermination was not received by the July 1, 2013 due date. Accordingly, on July 20, 2013, the Department issued a Notice of Case Action to the Claimant stating the Medicaid case would close effective August 1, 2013, because the Claimant failed to return the redetermination form and/or provide required proofs. The Eligibility Specialist also testified that the Department re-printed the Redetermination form for the Claimant on July 24, 2013, but it was never returned.

The Claimant's mother explained that there are problems with the Claimant communicating to her about what is going on and what needs to happen. The Claimant's mother stated that by the time she found out about the redetermination, from the Notice of Case Action, it was too late. The Claimant testified that the first Redetermination form was lost and he was not sure if they got the second copy. The Claimant's mother never saw the redetermination papers. The Claimant's mother

stated that the Claimant's financial status continues to be the same. The Claimant's mother explained that the Claimant needs the medical benefits and it would be easier for the State to have this done as well. The Claimant's mother acknowledged that they were delinquent in sending back the forms, but requested a special exception.

However, administrative hearing officers have no authority to make decisions on constitutional grounds, overrule statutes, overrule promulgated regulations, or overrule or make exceptions to Department policy. State of Michigan Department of Human Services Delegation of Hearing Authority (7/13/2011). Accordingly, this ALJ has no authority to grant the requested exception to the Department policy and reinstate the Claimant's AMP case.

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 AMP case due to a failure to comply with the verification requirements.

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 17, 2013

Date Mailed: December 19, 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:

