

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013-69441
Issue No(s): 2002
Case No.: [REDACTED]
Hearing Date: December 4, 2013
County: Macomb County DHS #12

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 4, 2013, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] [REDACTED] the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] [REDACTED] Assistance Payments Worker.

ISSUE

Did the Department properly close the Claimant's Medicaid case based on a failure to provide requested verifications?

FINDINGS OF FACT

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

1. On May 28, 2013, a Medical Determination Verification Checklist was issued to the Claimant stating what verifications were needed by the June 7, 2013, due date.
2. On June 7, 2013 the Claimant returned the forms, but the DHS-49 Medical Examination Report and the DHS 1552 Verification of Application or Appeal for SSI/RSDI were not completed and signed.
3. On August 2, 2013, the Department attempted to verify an application or appeal with the Social Security Administration by running an SOLQ report. The SOLQ report did not show an application or appeal.
4. On August 2, 2013, a Notice of Case Action was issued to the Claimant stating the Medicaid case would close September 1, 2013.

5. On September 13, 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.

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. For MA, if the client cannot provide the verification despite a reasonable effort, the time limit can be extended up to three times. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department worker should use the best available information. If no evidence is available, the Department worker is to use their best judgment. BAM 130.

The client is responsible for providing evidence needed to prove disability or blindness. However, the Department worker must assist the customer when they need the Department worker's help to obtain it. The Department worker is to do all of the following to make a referral to the MRT: obtain evidence of the impairment (such as a DHS-49, DHS-49-D or equivalent medical evidence/documentation); complete an DHS-49-B, Social Summary; obtain an DHS-49-F, Medical-Social Questionnaire, completed by the client; obtain optional form DHS-49-G, Activities of Daily Living, completed by the client; then forward the medical evidence, DHS-49-B, DHS-49-F and DHS-49-G (optional) to the MRT. BEM 260.

Refusal to pursue a potential benefit results in the person's ineligibility. Types of potential benefits include Retirement, Survivors, and Disability Insurance (RSDI) and Supplemental Security Income (SSI). BEM 270.

On May 28, 2013, a Medical Determination Verification Check list was issued to the Claimant stating what verifications were needed by the June 7, 2013, due date. (Exhibit

On June 7, 2013 the Claimant returned the forms, but the DHS-49 Medical Examination Report and the DHS 1552 Verification of Application of Appeal for SSI/RSDI were not completed and signed. (Exhibit 2) On August 2, 2013, the Department attempted to verify an application or appeal for with the Social Security Administration by running an SOLQ report. The SOLQ report did not show an application or appeal. (Exhibit 3) The Assistance Payments Worker explained that more than 30 days had passed since the due date for the requested verifications and the paperwork still could not be sent to the Medical Review Team for a determination of disability. Therefore, the Claimant's Medicaid case was closed.

The Claimant stated he did not know he had Medicaid. The Assistance Payments Worker testified that the Department's computer system shows notices that were issued to the Claimant regarding the Medicaid case, including a May 9, 2013, approval notice stating Medicaid was approved with retroactive coverage in 2011 and 2012.

The Claimant also testified that he did not recall receiving anything in August. However, the Medical Determination Verification Checklist was issued May 28, 2013. Further, the Assistance Payments Worker credibly testified that the Claimant returned the entire packet mailed to him for the Medical Determination Verification Checklist, but some of the forms were not completed nor signed.

The Department has provided sufficient evidence that the Claimant failed to provide requested verifications. The May 28, 2013, Medical Determination Verification Checklist told the Claimant what verification is required, how to obtain it, and the due date. The Department allowed 10 calendar days to provide the requested verifications. The evidence indicates that on the June 7, 2013, due date, the Claimant returned the entire packet mailed to him for the Medical Determination Verification Checklist, but some of the forms were uncompleted and unsigned. Further, the Department attempted to assist with obtaining the needed verification of application or appeal with the Social Security Administration by running an SOLQ report. The SOLQ report did not verify an application or appeal with the Social Security Administration. The evidence indicates the Claimant failed to provide a completed DHS-49 Medical Examination report or equivalent medical evidence/documentation. There was no evidence that the Claimant requested any assistance in obtaining verifications or extensions of the due date.

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 based on a failure to provide requested verifications.

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 16, 2013

Date Mailed: December 17, 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.

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

201369441/CL

CL/hj

cc:

