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

IN THE MATTER OF:



Reg. No.: 2014-14809 Issue No(s).: Case No.: Hearing Date: County:

3002, 3003

February 12, 2014 Kent 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 CF R 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 F ebruary 12, 2014, from Lansing, Michigan. Participants on behalf of Claimant in cluded the Claimant. Participants on behalf of the Department of Human Servic es (Department) included F amily Independence M anager. Hearing Coordinator was also present. provided interpretation services.

ISSUE

Did the Department pr operly close the Claimant's s on's Medic aid case based on a failure to comply with verification requirements?

FINDINGS OF FACT

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

- 1 The Claimant's son's Medicaid case was due for Redetermination.
- 2. On August 13, 2013, a Healthy Kids Re determination Notice was sent to the Claimant with a due date of September 3, 2013 fo r returning the com pleted application and requested proofs.
- 3. On September 25, 2013, a Notic e of Case Action was sent to the Claimant s tating her son's Medicaid was denied effective November 1, 2013, based on a failure to comply with verification requirements.

4. On November 19, 2013, the Claimant filed a reques t for hearing contesting the Department's action.

CONCLUSIONS OF LAW

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

The Medic al Assistance (MA) program is est ablished by the Title XIX of the Socia I 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 wit h the local office in determining initia I and ongoing eligibility, including c ompletion of necessary forms, and must completely an d truthfully answer all questions on forms and in interviews. BAM 105.

Verification is usually required upon applic ation or redetermination and for a reporte d change aff ecting eligibility or benefit level as well as when information regarding an eligibility factor is unclear, incons istent, incomplete or contradictor v. Verifications are considered timely if received by the date they are due. The D epartment must allow a client 10 calendar days (or other time limit specified in policy) to provide the requested verification. The Department worker must te II the client what verification is required, how to obtain it, and the due dat e. The client must obtain r equired verification, but the Department must assist if the client needs and requests help. For MA, if the client cannot provide the verification despite a reasonable effort, the time limit can be extended up to three times. If neither t he client nor the Department can obtain verification despite a reas onable effort, the Department wo rker should us e the best available information. If no evi dence is available, the Departm ent worker is to use their end a c ase action notice when the client best judgment. The Department is to s indicates refusal to provide a verification, or the time period give n has elapsed. BAM 130.

A complet e redetermination is r equired at least ever y 12 months ¹. Bridges sets the redetermination date according to benefit per iods. Benefits stop at the end of the benefit per iod unless a redeter mination is completed and a new benefit period is certified. Also, the redete rmination month is 12 months fr om the date the most recent complete application was submitted. BAM 210

A redetermination packet is considered comp lete when all of the sections of the redetermination form including the signature section are completed. If a client files an

¹ There are a few MA group types for which a redetermination is not required. See BAM 210.

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.

In this case, on August 13, 2013, a Healthy Kids Redetermination Notice was sent t o the Claimant with a due date of September 3, 2013 for returning the completed application and requested proofs. The Family Independence Manager testified that the Redetermination was not returned. Accordin gly, on September 25, 2013, a Notice of Case Action was sent to the Claimant stat ing her son's Medicaid was denied effective November 1, 2013, based on a failure to comply with verification requirements.

The Claimant testified that di d not recall receiving anything. The Claimant verified her address during the telephone hearing pr oceedings. This is t he same address the August 13, 2013, Healthy Kids Redetermination Notice was sent to.

The evidence establishes that the Depart ment mailed the Augus t 13, 2013, a Health y Kids Redetermination Notice to the Claimant's' correct address. The BAM 210 policy is clear that benefits stop at t he end of the benefit period unl ess a redetermination is completed and a new benefit peri od is certified. The required redetermination was not completed in this case. Accordingly, the cl osure of the Claimant's son's Medicaid cas e must be upheld.

As discuss ed during the telephone hearing pr oceedings, a new Medicaid applic ation can be filed for the Claimant's son at any time.

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 po licy when it closed the Claim ant's son's Medicaid case based on the failure to comply with verification requirements for the redetermination.

DECISION AND ORDER

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

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

Date Signed: February 18, 2014

Date Mailed: February 18, 2014

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 ti mely Request for Rehearing or Reconsideration was made, within 30 days of the receipt d ate of the Decision and Order of Rec onsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehe aring or reconsideration on either its own motion or at the req uest of a p arty within 30 days of the mailing date of this De cision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final deci sion 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 existe d 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 a ddress in the hearing d ecision 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

CL/hj

