

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-2130
Issue No(s): 2002, 2003, 3000
Case No.: [REDACTED]
Hearing Date: February 5, 2014
County: Macomb County DHS #20

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 February 5, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [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 Medical Assistance (MA) cases based on a failure to comply with 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 MA cases were due for Redetermination in September 2013.
2. On August 13, 2013, a Redetermination form was sent to the Claimant with a due date of September 3, 2013 for returning the completed form with proofs.
3. On September 19, 2013, a Notice of Case Action was sent to the Claimant stating the Medicaid and Medicare Cost Savings program cases would close effective October 1, 2013, because the Redetermination form and/or verifications were not provided.

4. On September 26, 2013, the Claimant filed a request for hearing contesting the Department's action¹.
5. On September 27, 2013, a Department Worker spoke with the Claimant and explained the Redetermination form needed to be completed before September 30, 2013.
6. On September 27, 2013, the Claimant submitted a completed Redetermination form to the Department.

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 as well as when information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. Verifications are considered timely if received by the date they are due. The Department must allow a client 10 calendar days (or other time limit 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. The client must obtain required 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 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. The Department is to send a case action notice when the client

¹ On the September 26, 2013 request for hearing, the Claimant also marked that she was contesting a denial of Food Assistance Program (FAP) benefits. The Eligibility Specialist testified there was no change with the Claimant's FAP case. During the telephone hearing proceedings, the Claimant confirmed there was no issue regarding FAP benefits and withdrew this portion of her hearing request on the record. Accordingly, the FAP portion of the Claimant's appeal is DISMISSED.

indicates refusal to provide a verification, or the time period given has elapsed. BAM 130.

A complete redetermination is required at least every 12 months². Bridges sets the redetermination date according to benefit periods. Benefits stop at the end of the benefit period unless a redetermination is completed and a new benefit period is certified. Also, the redetermination month is 12 months from the date the most recent complete application was submitted. BAM 210

A redetermination packet is considered complete when all of the sections of the redetermination form including the signature section are completed. 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.

In this case, The Claimant's MA cases were due for Redetermination in September 2013. On August 13, 2013, a Redetermination form was sent to the Claimant with a due date of September 3, 2013 for returning the completed form with proofs. On September 19, 2013, a Notice of Case Action was sent to the Claimant stating the Medicaid and Medicare Cost Savings program cases would close effective October 1, 2013, because the Redetermination form and/or verifications were not provided.

The Claimant asserted that the Redetermination was not supposed to occur until November 2013 based on a prior hearing decision. However, when the Claimant spoke with a Department Worker by phone on September 27, 2013, the Claimant understood that she still needed to complete the Redetermination form and a copy would be left at the front desk for her. The Claimant testified that she went to the local Department office, completed and submitted the Redetermination form that same day. The Claimant testified she also signed a log sheet when she dropped off the completed Redetermination form at the local office.

During the hearing proceedings, the Eligibility Specialist checked the drop off log for September 27, 2013, which confirmed that the Claimant submitted the Redetermination form that morning. Accordingly, the evidence establishes that the Claimant submitted the required Redetermination form before the end of the benefit period. There was no evidence of any additional required action the Claimant needed to take for the Redetermination to be completed. Therefore, the closure of her Medicaid and Medicare Savings Program cases cannot be upheld.

It appears that the completed Redetermination form the Claimant submitted at the local Department office on September 27, 2013 was lost. The Eligibility Specialist testified that the Claimant has since re-applied for MA, and the new application should contain the needed information to determine eligibility that would have been on the missing Redetermination form. If any additional information or verification is still needed to re-

² There are a few MA group types for which a redetermination is not required. See BAM 210.

determine the Claimant's eligibility, the Department should request the information/verification(s) from the Claimant in accordance with Department policy.

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 did not act in accordance with Department policy when it closed the Claimant's MA cases based on a failure to comply with verification requirements.

DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Re-instate the Claimant's Medicaid and Medicare Savings Program cases retroactive to the October 1, 2013 effective date and re-determine eligibility, to include requesting any additional verifications that may still be needed, in accordance with Department policies.
2. Issue the Claimant written notice of any case actions in accordance with Department policies.



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

Date Signed: February 12, 2014

Date Mailed: February 12, 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 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

CL/hj

cc:

