

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-26523  
Issue No(s): 2002, 2003  
Case No.: [REDACTED]  
Hearing Date: March 19, 2014  
County: 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 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 March 19, 2014, 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] Family Independence Manager.

**ISSUE**

Did the Department properly close Claimant's Medical Assistance (MA) case 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. Claimant's Medicaid case was due for Redetermination in January 2014.
2. On December 16, 2013, a Redetermination form was sent to the Claimant with a due date of January 2, 2014 for returning the completed form with proofs.
3. On January 18, 2014, a Notice of Case Action was sent to the Claimant stating the Medicaid case would close effective February 1, 2014, because the Redetermination form and/or verifications were not provided.
4. On January 27, 2014, 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 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 indicates refusal to provide a verification, or the time period given has elapsed. BAM 130.

A complete redetermination is required at least every 12 months<sup>1</sup>. 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, a Redetermination form was sent to the Claimant on December 16, 2013, with a due date of January 2, 2014 for returning the completed form with proofs. The

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

address the Redetermination packet was sent to Claimant at was on Stonebrook Dr. NE. (Exhibit A, page 1)

Claimant asserted she never received the Redetermination form. Claimant testified she has a known history of problems receiving mail because the mail is often miss-delivered in the boxes for the townhouses where she lives. Further, there are three similar streets, Stonebrook Drive, Stonebrook Court and Stonebrook Circle in her town and all three have a street address number that is the same as Claimant's. This causes further mail miss-delivery issues. Claimant explained that Stonebrook Circle does not come up in many computer systems, even her ID was issued showing an address on Stonebrook Drive. However, Claimant actually lives on Stonebrook Circle, which is the address listed on her lease. The evidence establishes Claimant previously provided shelter verification to the Department. (Exhibit A, page 5) The Family Independence Manager testified it is possible the address entered into the Department's computer system came from the copy of her ID rather than from the copy of the lease provided for shelter verification.

The evidence shows the Redetermination packet was sent to Claimant at an address on Stonebrook Drive, not where she actually lives on Stonebrook Circle. Accordingly, the closure of Claimant's Medicaid case based on the failure to return the Redetermination form cannot be upheld.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Claimant's Medicaid case based on a failure to comply with verification requirements.

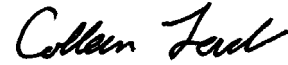
### **DECISION AND ORDER**

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 Claimant's Medicaid case retroactive to February 1, 2014 and re-determine eligibility, to include requesting any additional verification(s) that may still be needed, in accordance with Department policies.

2. Issue the Claimant written notice of any case action(s) in accordance with Department policies



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

Date Signed: March 31, 2014

Date Mailed: March 31, 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

201426523/CL

CL/hj

cc:

