

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-014354
Issue No.: 2002
Case No.: [REDACTED]
Hearing Date: October 06, 2015
County: MENOMINEE

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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, telephone hearing was held on October 06, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. [REDACTED] (Assistance Payments Supervisor) represented the Department of Health and Human Services (Department).

ISSUE

Did the Department of Health and Human Services (Department) properly close the Claimant's Medical Assistance (MA) benefits?

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 was an ongoing Medical Assistance (MA) recipient based on his receipt of Supplemental Security Income (SSI) benefits.
2. The Claimant was born on [REDACTED].
3. On August 1, 2014, the Claimant began receiving Retirement, Survivors, and Disability Insurance (RSDI) benefits and stopped receiving Supplemental Security Income (SSI) benefits.
4. On March 31, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) with a due date of April 10, 2015.
5. On April 30, 2015, the Department notified the Claimant that it had closed his Medical Assistance (MA) as of June 1, 2015.
6. On July 28, 2015, the Department received the Claimant's request for a hearing protesting the closure of his Medical Assistance (MA) benefits.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income. Department of Human Services Bridges Eligibility Manual (BEM) 105 (October 1, 2014), p 2.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (July 1, 2015), p 8.

The Department will send a negative action when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed and the client has not made a reasonable effort to provide it. Department of Human Services Bridges Administrative Manual (BAM) 130 (April 1, 2014).

The Claimant was an ongoing Medical Assistance (MA) recipient based on his disability and receipt of Supplemental Security Income (SSI) benefits. On August 1, 2014, the Claimant stopped receiving Supplemental Security Income (SSI) benefits and started receiving Retirement, Survivors, and Disability Insurance (RSDI).

Since the Claimant was no longer eligible for MA based on SSI benefits, the Department initiated a determination of his eligibility for continuing MA benefits in another category as directed by BEM 130. On March 31, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting that he provide the Department with information necessary to determine his eligibility for another category of MA benefits by April 10, 2015. When the Department did not receive the information it requested, it notified the Claimant on April 30, 2015, that it would close his MA benefits as of June 1, 2015.

The Claimant argued that based on his ongoing impairments and disability status, that he remains eligible for MA.

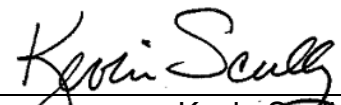
The Claimant is no longer eligible for MA benefits based on the receipt of SSI benefits. The Claimant's eligibility for continuing MA benefits in another category is dependent on his cooperation with the Department's efforts to accurately determine which category of MA is the most beneficial based on his new circumstance.

This Administrative Law Judge finds that the Claimant failed to make a reasonable attempt to provide the Department with the information necessary to make an accurate determination of his eligibility for ongoing MA benefits.

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 Medical Assistance (MA) for failure to provide the Department with information necessary to determine his eligibility to receive benefits.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.



Kevin Scully
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **10/14/2015**

Date Mailed: **10/14/2015**

KS/■

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS **MAY** order a rehearing or reconsideration on its own motion.

MAHS **MAY** grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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 48909-8139

cc:

