

1. The Claimant was an ongoing Medical Assistance (MA) recipient.
2. On August 31, 2015, the Department notified the Claimant that he was not eligible for Medical Assistance (MA) as of October 1, 2015.
3. On August 31, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) with a due date of September 10, 2015.
4. On November 18, 2015, the Department notified the Claimant that it would close his Medical Assistance (MA) benefits effective August 1, 2015.
5. On November 16, 2015, the Department received the Claimant's request for a hearing.

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.

Supplemental Security Income (SSI) is a cash benefit for needy individuals who are aged (at least 65), blind or disabled. The Social Security Administration (SSA) determines SSI eligibility. Ongoing MA eligibility begins the first day of the month of SSI entitlement. Department of Health and Human Services Bridges Eligibility Manual (BEM) 150 (October 1, 2015), p 1.

The Claimant was an ongoing Supplemental Security Income (SSI) recipient and enrolled in the MA-SSI category of Medicaid. On August 31, 2015, the Department had discovered that the Claimant was no longer a SSI recipient, and it closed his MA benefits that he was receiving as a SSI recipient.

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.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (July 1, 2015), pp 1-9.

On August 31, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting certain information necessary to determine if the Claimant was eligible for a category of MA not based in receipt of SSI benefits. The Department requested that the Claimant return verification of his countable income and assets by

September 10, 2015. When the Department did not receive the Claimant's verification documents, on November 18, 2015, the Department notified the Claimant that it would close his MA benefits as of August 1, 2015.

The Claimant argued that he is disabled and that the Department failed to consider his disabilities when it closed his MA benefits.

This Administrative Law Judge finds that it was not necessary for the Department to make a determination of disability. To qualify for MA benefits the Claimant must establish that he meets all of the program criteria, including the financial requirements. In this case, the Claimant failed to establish that he provided the Department with verification that he met all of the criteria to receive continuing 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) 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 Mailed: **2/11/2016**

KS/db

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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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: [REDACTED]
[REDACTED]
[REDACTED]