

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-005313  
Issue No.: 2002  
Case No.: [REDACTED]  
Hearing Date: September 24, 2014  
County: WAYNE-18 (TAYLOR)

**ADMINISTRATIVE LAW JUDGE: Lynn Ferris**

**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 September 24, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Family Independence Manager and [REDACTED], Eligibility Specialist.

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly deny Claimant's application for Medical Assistance (MA)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant applied for Medical Assistance on March 7, 2014 by online application.
2. The Claimant was sent a verification checklist by the Department on April 25, 2014.
3. Claimant was required to submit requested verification by May 5, 2014.
4. On June 6, 2014, the Department the Department issued a Health Care Coverage Determination Notice which denied Claimant's March 7, 2014 application for failure to respond to the verification checklist previously sent to the Claimant.
5. The Claimant received the verification checklist which was mailed to him on April 25, 2014 and did not respond to it.

6. On June 16, 2014, Claimant filed a hearing request, protesting 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), and Department of Human Services Reference Tables Manual (RFT).

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 Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Additionally, the issue in this case is whether the Department properly denied the Claimant's application for Medical Assistance due to his failure to provide various documents for he and his wife, so that the Department could determine his eligibility for medical assistance. The Claimant credibly testified that he receive the verification checklist and did not respond to it. The verification checklist contained the name of his case worker, and a telephone number to call for assistance and help completing the verifications. Exhibit 1 p. 1. It did not appear from the testimony of the Claimant that he at any time sought help due to the fact that he was in the hospital during the time the verifications were requested. The application was not denied until June 6, 2014, giving the Claimant over one month to respond to the verification or seek further assistance which he did not do so.

Based upon the evidence presented at the hearing, it is determined that the Department correctly denied the Medical Assistance application for failure to complete the verification checklist. This determination is based upon the fact that the Department prior to its denial, and for one month thereafter, did not hear from the Claimant regarding his hospitalization, did not receive any request for assistance from the Claimant with completion of the verifications, nor did it receive a time extension request from the Claimant to complete the verifications requested.

BAM 130 provides:

#### **MA and AMP**

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification you request. Refer to policy in this item for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to three times.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or MI Bridges document upload), the date of the transmission is the receipt date.

Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a DHS representative are considered to be received the next business day.

Send a case action notice when:

The client indicates refusal to provide a verification, **or**

The time period given has elapsed. BAM 130 (4/1/14), pp.8.

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 denied the Claimant's March 7, 2014 application for Medical Assistance for failure to complete the Verification checklist dated April 25, 2014, due to the Claimant's failure to act within the time period.

### **DECISION AND ORDER**

Accordingly, the Department's decision is

AFFIRMED.



---

**Lynn Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **9/26/2014**

Date Mailed: **9/26/2014**

LMF/tm

**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 48909-07322

cc:

