

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-010326
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: October 23, 2014
County: Washtenaw (District 20)

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 Thursday, October 23, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant, Claimant's attorney, [REDACTED], from [REDACTED], and Claimant's witness, [REDACTED], program administrator, Washtenaw Health Plan. Participants on behalf of the Department of Human Services (Department) included [REDACTED], and Assistant Attorney General, [REDACTED].

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 MA benefits.
2. Claimant was required to submit requested verification by July 7, 2014.
3. On July 25, 2014, the Department denied Claimant's application.
4. On July 25, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On August 13, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) 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 Claimant applied for MA on June 27, 2014. On June 27, 2014, the Department Caseworker sent the Claimant a Verification Checklist for written verification that was due July 7, 2014. Department Exhibit 5-6. The Claimant failed to provide the required verification of two check stubs for the prior month as asset verification that was due on July 7, 2014. As a result, the Department Caseworker sent the Claimant a notice on July 25, 2014 that MA would be denied due to failure to provide verification. Department Exhibit 8-10. BEM 500. BAM 105, 115, 130, 200, 210, and 220.

During the hearing, the Claimant stated that he did not have two paychecks during the contested time period. He had ended one job and started another with a period of unemployment between. As a result, the Claimant only had one paycheck to submit during the contested time period.

The Department has not met their burden that the Claimant's MA application should be denied because the Claimant failed to provide the required verification to determine MA eligibility. The Claimant did not have two paychecks during the contested time period.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when the Claimant submitted the one paycheck he had for the contested time, but his application was still denied.

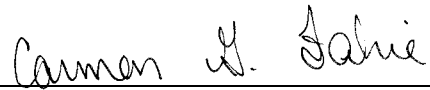
DECISION AND ORDER

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. Initiate a redetermination of the Claimant's application for MA submitted June 27, 2014, by sending two (2) DHS-38 for the Claimant to provide verification of job stoppage and new job beginning to determine Claimant's eligibility for MA during the contested time period.
2. Provide the Claimant and his Attorney written notification of the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.



Carmen G. Fahie

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

Date Signed: **11/19/2014**

Date Mailed: **11/19/2014**

CF / jaf

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:

