

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

**IN THE MATTER OF:**

██████████  
██████████████████  
██████████████████

Reg. No.: 14-007966  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: October 09, 2014  
County: DHS SSPC-EAST

**ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton**

**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 three way telephone hearing was held on October 9, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Assistance Payments Worker.

**ISSUE**

Did the Department properly deny Claimant's application for MA benefits for failure to return requested information?

**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 applied for MA benefits on June 7, 2014.
2. On June 9, 2014, the Department sent Claimant a Health Care Coverage Supplemental Questionnaire with a due date of June 19, 2014.
3. Claimant failed to return the questionnaire by June 19, 2014.
4. On July 9, 2014, the Department sent Claimant a Health Care Coverage Determination Notice notifying Claimant that his application had been denied because he failed to return the questionnaire.
5. On July 17, 2017, Claimant filed a Request for Hearing disputing the Department's actions.

### **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 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, verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (July 2014), p. 1. On June 7, 2014, Claimant completed an online application for MA benefits. Federal law gives clients 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. BEM 105 (January 2014), p. 2. On June 19, 2014, the Department mailed Claimant a Health Care Coverage Supplemental Questionnaire informing Claimant that additional information was needed to find the most beneficial health care coverage. The questionnaire included a due date of June 19, 2014.

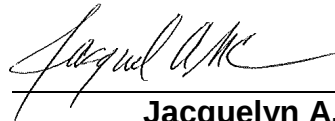
Department policy requires that a negative action be sent when the client refuses to provide a verification or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p. 6. As such, on July 9, the Department sent Claimant a Health Care Coverage Determination Notice notifying him that his application for MA benefits had been denied for failure to return the supplement questionnaire.

Claimant acknowledged receipt of the questionnaire. In his Request for Hearing, Claimant stated that he received the documents but did not return them because he was depressed over the loss of his wife. Claimant further stated that he failed to answer calls or do anything that involved outside contact. Claimant confirmed this information at the hearing. As such, it is found that Claimant made no reasonable effort to return the Health Care Coverage Determination Notice. Therefore, it is found that the Department properly denied Claimant's application for 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 policy when it denied Claimant's June 7, 2014 application for MA benefits for failure to return required information.

**DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED**.



**Jacquelyn A. McClinton**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **10/27/2014**

Date Mailed: **10/27/2014**

JAM / cl

**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:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]