

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

IN THE MATTER OF:

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

Reg. No.: 14-013465
Issue No.: 2002
Case No.: ██████████
Hearing Date: January 15, 2015
County: WAYNE-82 (ADULT MEDICAL)

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 January 15, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant's Authorized Hearing Representative, (AHR). The Claimant did not appear. Participants on behalf of the Department of Human Services (Department) included ██████████ 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) benefits?

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 benefits on July 29, 2014.
2. Claimant was required to submit requested verification by September 2, 2014.
Exhibit 1
3. On September 3, 2014, the Department denied Claimant's application for MA.
Exhibit 2
4. On September 3, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action. Exhibit 2

5. On September 30, 2014 the, 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, in this case the Department denied the Claimant's application for medical assistance on September 3, 2014, for failure to provide verification information regarding bank account statements and pension pay stub or letter to the Department by the Verification due date of September 2, 2014. The Claimant's AHR credibly testified that she provided the information to the [REDACTED] to be faxed to the Department. The Claimant's AHR did not fax the information to the Department herself. No verification of fax confirmation that the bank account information and pension checks or letter was provided by the Claimant's AHR at the hearing. The Department testified that it did not receive the information and that it had searched the Bridges system and no such documents were received in the electronic file at any time.

Department policy found in BAM 130 regarding verification provides:

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. 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 two 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:

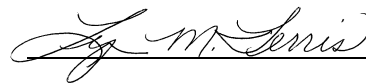
- ☐ The client indicates refusal to provide a verification, **or**
- ☐ The time period given has elapsed. BAM 130 (7/1/14) p. 7.

In this case, the Claimant's AHR did not request an extension of the due date. The Claimant's AHR also did not actually fax the information herself, but testified that the nursing home faxed it to the Department. The Claimant's AHR did not provide a fax verification of sending the documents or fax confirmation that the documents faxed were received was provided. The AHR also produced a letter sent from the nursing facility dated September 8, 2014, indicating the documents required in support of the application for medical assistance, which included bank statements and unearned income payment verification. This letter to the AHR is after the date the verifications were due and is not persuasive to establish that the verifications were provided to the Department prior to the September 2, 2014 due date. Based upon the evidence presented, it is determined that the Department properly denied the MA application because the time period given to provide the verifications had elapsed.

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 application for medical assistance on September 3, 2014 for failure to provide requested verification information.

DECISION AND ORDER

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



Lynn Ferris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **1/22/2015**

Date Mailed: **1/23/2015**

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 48909-8139

CC:

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