

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-015823  
Issue No.: HMP  
Case No.: [REDACTED]  
Hearing Date: February 03, 2015  
County: DHS SSPC-WEST

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**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 February 3, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Hearing Facilitator.

**ISSUE**

Did the Department properly deny Claimant's Medical Assistance (MA) application based on a failure to comply with verification requirements?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On August 1, 2014, Claimant applied for MA.
2. On August 1, 2014, a Health Care Supplemental Questionnaire was issued to Claimant with a due date of August 11, 2014.
3. On August 18, 2014, a Health Care Coverage Determination notice was issued to Claimant indicating the MA application was denied because Claimant failed to return the Health Care Supplemental Questionnaire.
4. On August 25, 2014, Claimant returned the Health Care Supplemental Questionnaire.
5. On October 30, 2014, Claimant filed a hearing request contesting 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), 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.

A Claimant must cooperate with the local office in determining initial and ongoing eligibility, including completion of necessary forms, and must completely and truthfully answer all questions on forms and in interviews. BAM 105, 4-1-2014, p. 6.

Verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. Verifications are considered timely if received by the date they are due. The Department must allow a client 10 calendar days (or other time limit specified in policy) to provide the requested verification. The Department worker must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if they needs and requests help. If neither the client nor the local office can obtain verification despite a reasonable effort, the Department worker should use the best available information. If no evidence is available, the Department worker is to use their best judgment. Specifically for MA, the Department is to send a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, 7-1-2014, pp. 1-7. (Underline added by ALJ)

In this case, Claimant applied for MA on August 1, 2014. On August 1, 2014, a Health Care Supplemental Questionnaire was issued to Claimant with a due date of August 11, 2014. Claimant did not return the Health Care Supplemental Questionnaire by the August 11, 2014 due date. Accordingly, on August 18, 2014, a Health Care Coverage Determination notice was issued to Claimant indicating the MA application was denied because Claimant failed to return the Health Care Supplemental Questionnaire.

The Department's evidence establishes that Claimant did not return the Health Care Supplemental Questionnaire until August 25, 2014. This was well past the August 11, 2014 due date and the MA application had already been denied.

Claimant testified she was in the hospital. Claimant explained that when she got out of the hospital, she filled out the paperwork and she thought it would be in enough time to get to the Department. Claimant thought the paperwork was mailed out at least a week in advance and was surprised the Department did not get it on time. Claimant indicated she thought it was mailed at least a week before the Department received it on August 25, 2014.

The above cited BEM 130 policy is clear that verifications are considered to be timely if received by the date they are due. The completed Health Care Supplemental Questionnaire returned by Claimant showed the August 11, 2014 due date on the first page. The Department did not receive the completed form until August 25, 2014, two weeks after the due date and a week after the application had been denied. Accordingly, the verification was not returned timely and the denial of the August 1, 2014 MA application must be upheld.

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 Claimant's MA application based on a failure to comply with verification requirements.

**DECISION AND ORDER**

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



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Colleen Lack  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **2/24/2015**

Date Mailed: **2/24/2015**

CL/hj

**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:

