

**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.: 14-016165
Issue No.: 2002
Case No.: ██████████
Hearing Date: February 04, 2015
County: DHS SSPC-EAST

ADMINISTRATIVE LAW JUDGE: Zainab Baydoun

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 4, 2015, from Detroit, Michigan. Participants on behalf of Claimant included his Authorized Hearing Representative (AHR), ██████████ from ██████████. Participants on behalf of the Department of Human Services (Department) included ██████████, Department Manager.

ISSUE

Did the Department properly deny Claimant's application for Medical Assistance (MA) under the Healthy Michigan Plan (HMP)?

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 May 21, 2014, Claimant submitted an application for MA benefits under the HMP.
2. On May 21, 2014, the Department sent Claimant and Advomas a Verification Checklist (VCL) instructing them to provide proof of Claimant's alien status by June 2, 2014. (Exhibit 1, pp. 4-7)
3. On June 2, 2014, ██████████ sent the Department an email requesting that an extension be granted, as additional time was needed to obtain the required verifications. (Exhibit A)

4. On June 6, 2014, the Department sent Claimant and [REDACTED] a Health Care Coverage Determination Notice informing them that Claimant was not eligible for MA on the basis that verification of alien status was not returned. (Exhibit 1, pp. 8-13)
5. On September 3, 2014, [REDACTED] requested a hearing on behalf of Claimant, disputing the denial of the application.

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.

In this case, Claimant applied for MA benefits under the HMP. HMP provides health care coverage for individuals who: are age 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income (MAGI) methodology; do not qualify for or are not enrolled in Medicare; do not qualify for or are not enrolled in other Medicaid programs; are not pregnant at the time of application; and are residents of the State of Michigan. http://www.michigan.gov/mdch/0,4612,7-132-2943_66797-325160--,00.html.

Additionally, verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (April 2014), p.1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. Although the client must obtain the required verification, the Department must assist if a client needs and requests help. If neither the client nor the Department can obtain the verification despite a reasonable effort, the Department is to use the best available information; and if no evidence is available, the Department is to use its best judgment. BAM 130, p. 3.

With respect to MA cases, clients are given 10 calendar days to provide the verifications requested by the Department. BAM 130, p.6. The Department is to refer to the policy in BAM 130, for citizenship verifications. If the client cannot provide the verification despite

a reasonable effort, the Department is to extend the time limit to submit the verifications up to three times. BAM 130, p. 6. Verifications are considered to be timely if received by the date they are due. BAM 130, p.46 The Department will send a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, p. 7.

At the hearing, the Department testified that because Claimant did not submit verification of his alien status by the June 2, 2014, due date listed on the VCL, it sent Claimant and ██████████ a Health Care Coverage Determination Notice on June 6, 2014, informing Claimant of the denial of the application. (Exhibit 1, pp. 4-13). Claimant's AHR testified that on June 2, 2014, ██████████ sent an email to the Department requesting that the due date given to submit the verifications be extended ten days in order for ██████████ to continue working with Claimant to obtain all of the requested verifications. Claimant's AHR provided the email for review at the hearing. (Exhibit A). The Department representative testified that because she was not the worker who took action on the case, she could not confirm if the email with the request for extension was received.

Under the facts in this case, where Claimant demonstrated that an extension was timely requested to provide the verifications, 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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it did not grant Claimant's extension and denied Claimant's MA application on the basis that he failed to verify requested information.

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. Register and process Claimant's May 21, 2014, application for MA, to determine Claimant's eligibility for MA benefits under the most beneficial category;

2. Issue supplements to Claimant for any MA coverage that he was entitled to receive but did not from the application date, ongoing; and
3. Notify Claimant and his representative of its decision in writing.



Zainab Baydoun
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/19/2015**

Date Mailed: **2/19/2015**

ZB / tlf

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]
[REDACTED]