

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-003544  
Issue No.: 2002  
Case No.: [REDACTED]  
Hearing Date: May 06, 2015  
County: Kent-District 1

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

**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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on May 6, 2015, from Lansing, Michigan. Participants on behalf of Claimant included himself. Participants on behalf of the Department of Health and Human Services (Department) included Family Independence Manager (FIM) [REDACTED] and Eligibility Specialist (ES) [REDACTED].

[REDACTED] It is noted that Claimant's case worker during the time period at issue was [REDACTED].

**ISSUE**

Did the Department properly deny Claimant's December 29, 2014 Medical Assistance application?

**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 December 29, 2014, Claimant submitted an application for Medical Assistance. On the application Claimant listed an employer but also listed that his rate of pay was \$0.00 and he worked 0 hours per week.
2. On December 29, 2014, Claimant was sent a Verification Checklist (DHS-3503) which requested proof of all his earned and unearned income. The verification was due on January 8, 2015.
3. On December 31, 2014, Claimant placed a telephone call to [REDACTED] and left a voicemail.
4. On January 7, 2015, Claimant submitted a retroactive Medical Assistance application.

5. On February 12, 2015, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606) which stated that: he was not eligible; verification of income was not returned; and an annual income of \$ [REDACTED] was used in determining his health care coverage.
6. On February 23, 2015, Claimant submitted a hearing request.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

During this hearing Claimant testified that his employment ended December 22, 2014. The BRIDGES print out of electronic documents for Claimant shows that he previously submitted Verification of Employment (DHS-38) forms in February and March of 2014, as well as check stubs in February and April of 2014.

The language and information on the December 29, 2014 Verification Checklist (DHS-3503) (Pages 3 &4), only addresses verification of income. While the December 29, 2014 application lists Claimant's employer, it clearly shows that he was no longer receiving earned income from the employer. No Verification of Employment (DHS-38) was sent along with the December 29, 2014 Verification Checklist (DHS-3503). Bridges Administration Manual (BAM) 130 Verification and Collateral Contacts (2014) at page 3, under obtaining verifications states "Tell the client what verification is required, how to obtain it, and the due date; see **Timeliness of Verifications** in this item. Use the DHS-3503, Verification Checklist (VCL), to request verification."

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 denied Claimant's December 29, 2014 Medical Assistance application.

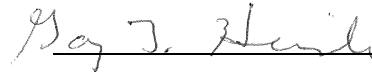
### **DECISION AND ORDER**

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. Reregister Claimant's December 29, 2014 Medical Assistance application and process it in accordance with Department policy.



**Gary Heisler**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **5/22/2015**

Date Mailed: **5/22/2015**

GH/las

**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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

