

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

IN THE MATTER OF:

██████████
██████████
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Reg. No.: 15-003687
Issue No.: 2002
Case No.: ██████████
Hearing Date: April 23, 2015
County: WAYNE-DISTRICT 19
(INKSTER)

ADMINISTRATIVE LAW JUDGE: Lynn M. 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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on April 23, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. The Department of Health and Human Services (Department) did not appear.

ISSUE

Did the Department properly deny the Claimant's application for Medical Assistance (MA)?

FINDINGS OF FACT

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

1. The Claimant applied for Medical Assistance on November 6, 2014 and requested retroactive MA for August, September and October 2014.
2. The Department sent two verification checklists on November 10, 2014 requesting a social security number and the second verification requested a passport. The Department already had a social security number with the Claimant's application. The Claimant was required to provide a passport by February 9, 2015.
3. The Department issued a Health Care Determination Notice on November 10, 2014 indicating the Claimant was eligible November 1, 2014 for ongoing medical assistance. A second Health Care Determination Notice dated February 19, 2015 denied the Claimant's MA application for failure to provide verification information

effective March 1, 2015 for failure to provide verification information. Six days later, a third Health Care Determination Notice was issued on February 24, 2015 indicating the Claimant was eligible for ongoing medical assistance effective March 1, 2015 and also stating that the Claimant was ineligible for the period August 1, 2014 through October 31, 2014 because the Claimant was not blind, disabled, pregnant, parent/caretaker relative of a dependent child or meet age requirements.

4. The Claimant requested a hearing on February 23, 2015 protesting the denial as he never received the verification requesting he provide a passport.

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.

In this case, the Department closed/denied the Claimant's MA application claiming the closure was due to the Claimant's failure to provide a passport. The Department sent a verification checklist to the Claimant on November 10, 2015 requesting that he provide a passport. The Claimant did not receive the verification. The Claimant credibly testified that he never received the verification requesting his passport. A second verification requesting Claimant's social security number was issued even though the Department already had the information. The Claimant was unaware of the reason why his retro application was denied. Based upon the Claimant's credible testimony and his consistent statement in his hearing request that he never received the verification request for a passport, it is determined that the Claimant did not refuse to cooperate and did not indicate a refusal to provide the information as he never received the request. BAM 130 (July 1 2014) p. 6.

Department policy requires that the Department must:

Allow the beneficiary 90 days to provide the required verifications. If no documentation is provided at the end of the 90 days, the beneficiary should be disenrolled from Medicaid within 30 days.

Beneficiaries must be notified of the pending closure and the reason for the closure. If documentation is received prior to the closure date the coverage must continue.

The Claimant did provide the requested information prior to the February 24, 2015 closure as he provided his passport to the Department on February 23, 2015 when he first learned the Department needed his passport.

The last of three Health Care Determination Notices was issued on February 24, 2015 denied the retro application for August 1, 2014 through October 31, 2014 stating the Claimant was ineligible as he was not disabled, pregnant, a parent/caretaker relative of a dependent child or meet the age requirement, not because of a failure to verify information. The second Health Care Determination Notice indicated that the Claimant was ineligible and the ineligibility was due to failure to provide verification information. The effective date of the second notice was March 1, 2015; thus Claimant should have had ongoing coverage from the November 6, 2014 application through March 1, 2015.

After receiving the third Notice he contacted the Department and for the first time learned that contrary to the notice reason stated in the February 24, 2015 Notice, the reason for the denial of retroactive coverage was due to failing to provide a passport. Upon learning of this reason he immediately provided the Department his passport. As the Claimant's testimony that he never received the Department's verification request to provide his passport was un rebutted, and his testimony was deemed credible, and the Health Care Determination notice dated February 24, 2015 was incorrect in that it gave the wrong reason for the Claimant's ineligibility, the Department did not meet its burden of proof to demonstrate that it properly closed/denied the Claimant's retroactive MA application for August 2014 through October 2014. BAM 130 (July 1, 2014)

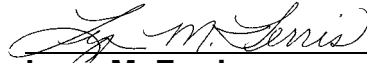
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied the Claimant's retroactive MA application as the Claimant did not receive the verification requesting that he provide the passport and the notice denied the Claimant for the reason he was not disabled or otherwise eligible.

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. The Department shall re register the Claimant's November 6, 2014 application and retroactive MA application for August 2014 through October 31, 2014 and shall process the application in accordance with Department policy.



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **4/28/2015**

Date Mailed: **4/28/2015**

LMF / 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 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:

[REDACTED]
[REDACTED]
[REDACTED]
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