

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

**IN THE MATTER OF:**

[REDACTED]

MAHS Reg. No.: 15-012214  
Issue No.: 2002  
Agency Case No.: [REDACTED]  
Hearing Date: September 02, 2015  
County: Oakland (2) Madison Hts

**ADMINISTRATIVE LAW JUDGE: Susanne E. Harris**

**HEARING DECISION**

Following the 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 September 2, 2015, from Lansing, Michigan. Participants on behalf of the Claimant included the Claimant's Authorized Hearing Representative (AHR), [REDACTED], [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included Assistance Payments Supervisor, [REDACTED] and Assistance Payments Worker, [REDACTED].

**ISSUE**

Did the Department properly take action to deny the Claimant's application for Medical Assistance (MA) for failure to submit the required verification?

**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 February 5, 2015, the Claimant's AHR submitted an application for MA.
2. On February 5, 2015, the Department sent the Claimant's AHR a verification checklist with a due date of February 17, 2015.
3. On February 17, 2015 and again on February 27, 2015, the Claimant's AHR requested a 10-day extension.
4. On April 20, 2015, the Department sent the Claimant's AHR a DHS-1606, Health Care Coverage Determination Notice, informing the Claimant's AHR that the

Claimant's application for MA had been denied due to the Claimant's AHR's failure to submit verification of the Claimant's income.

5. On June 29, 2015, the Department received the Claimant's AHR's hearing request protesting the Department's actions.

### **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.

Additionally, Bridges Assistance Manual (BAM) 130 (2014) p. 2 provides that the Department worker tell the Claimant what verification is required, how to obtain it and the due date by using a DHS-3503 Verification Checklist. In this case, the Department did exactly that.

Bridges Assistance Manual (BAM) 130 (2014) p. 5 provides that verifications are considered to be timely if received by the date they are due. It instructs Department workers to send a negative action notice when the Claimant indicates a refusal to provide a verification, or when the time period given has elapsed and the Claimant has not made a reasonable effort to provide it.

In this case, the Assistance Payments Worker at the hearing testified that income verification was not received. She testified that she never received the email because there was a space between the 1 and the @ symbol in her email address when [REDACTED] attempted to send the email to her. This Administrative Law Judge closely examined the email address in the record, and she could not see the space that the Assistance Payments Worker was referencing. Indeed, there did not appear to be a space at all.

The Claimant's AHR referenced the hearing request letter in evidence, which also references a faxed confirmation of income submitted on [REDACTED]. He wished to submit the fax confirmation in evidence, and the Department had no objection. It was received via fax after the hearing. It is supportive of Appeals Specialist [REDACTED] testimony that income verification was submitted on [REDACTED]. This Administrative Law Judge concludes that the Claimant's AHR did timely submit verification of the Claimant's income.

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 did not act in accordance with Department policy when it took action to deny the Claimant's application for MA.

**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. Redetermine the Claimant's eligibility for MA back to February 5, 2015, and
2. Issue the Claimant any supplement that she may thereafter be due.



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**Susanne E. Harris**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Mailed: **9/3/2015**

SEH/jaf

**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:

