

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-004983  
Issue No.: 2002  
Case No.: [REDACTED]  
Hearing Date: May 14, 2015  
County: Ingham

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

**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 14, 2015, from Lansing, Michigan. Participants on behalf of Claimant included Claimant's Guardian and husband [REDACTED] and Claimant's Attorney [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED]. Assistant Attorney General (AAG) [REDACTED] also appeared on behalf of the Department by telephone.

**ISSUE**

Did the Department properly deny Claimant's application for Medical Assistance (MA) or "Medicaid" due to failure to properly return verifications?

**FINDINGS OF FACT**

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

1. Claimant applied for Medicaid on January 30, 2015.
2. On January 30, 2015, a Health Care Coverage Supplemental Questionnaire was sent to Claimant with a February 9, 2015, due date.
3. On February 13, 2015, the Department worker spoke to Claimant's Guardian and informed him that a DHS 1004 Form and DHS 4574 B would be required. These forms were sent with a checklist giving Claimant 10 days to respond.
4. On February 26, 2015, another verification checklist was issued requesting income and asset information. This checklist had a March 9, 2015 due date.
5. On March 9, 2015, Claimant's Guardian provided 401K and life insurance verifications but none of the other requested information.

6. On March 10, 2015, Claimant's application was denied for failing to return verifications.
7. On March 16, 2015, Claimant requested hearing.

### **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.

#### **Medicaid**

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. Refer to policy in this item for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to two times.

At application, redetermination, ex parte review, or other change, explain to the client/authorized representative the availability of your assistance in obtaining needed information. Extension may be granted when the following exists:

- The customer/authorized representative need to make the request. An extension should not automatically be given.
- The need for the extension and the reasonable efforts taken to obtain the verifications are documented.
- Every effort by the department was made to assist the client in obtaining verifications.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or MI Bridges document upload), the date of the transmission is the receipt date.

Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a DHS representative are considered to be received the next business day.

Send a case action notice when:

- The client indicates refusal to provide a verification, **or**
- The time period given has elapsed.

Only **adequate** notice is required for an application denial. **Timely** notice is required to reduce or terminate benefits. BAM 130 (October, 2014)

Claimant's Attorney asserted at hearing that Claimant's Guardian requested assistance from the Department and had limitations and disabilities that were known by Department workers. Claimant's Guardian testified to having a brain disorder that causes him to be disorganized. If Claimant's Guardian has serious limitations that preclude him from submitting proper paperwork or requesting assistance then one would question why he is serving as his wife's Guardian.


The verification checklist states explicitly, "Call me right away if you have questions or problems getting the proof." No evidence was presented that Claimant's Guardian requested assistance in obtaining verifications.

In this case, Claimant was given several opportunities to provide required information. The Department granted two extensions. After the second extension, when required information was not provided, the Department denied the application pursuant to Department policy. BAM 130, p 1. The undersigned Administrative Law Judge finds that this was consistent with Department policy and was proper and correct.

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 Medicaid application for failing to return verifications.

### **DECISION AND ORDER**

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

  
\_\_\_\_\_  
Aaron McClintic  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Mailed: **5/21/2015**

AM/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:

