

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

IN THE MATTER OF:

██████████
██████████
██████████

MAHS Reg. No.: 15-015148
Issue No.: 2003
Agency Case No.: ██████████
Hearing Date: October 15, 2015
County: Wayne-District 55

ADMINISTRATIVE LAW JUDGE: Zainab Baydoun

HEARING DECISION

Following Petitioner'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 October 15, 2015, from Detroit, Michigan. Petitioner appeared for the hearing with his wife, ██████████ and represented himself. Petitioner's daughter, ██████████ was also present on his behalf and served as interpreter. The Department was represented by ██████████, Case Manager.

ISSUE

Did the Department properly close Petitioner's Medical Assistance (MA) case on the basis that he failed to verify requested information?

FINDINGS OF FACT

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

1. Petitioner was an ongoing recipient of MA benefits.
2. On July 14, 2015, the Department sent Petitioner a Verification Checklist (VCL) instructing him to submit requested verifications by July 24, 2015. (Exhibit A)
3. On July 14, 2015, the Department also sent Petitioner a Verification of Employment for his wife's employment with ██████████ that was to be completed by the employer and returned to the Department by July 24, 2015. (Exhibit A)

4. On July 30, 2015, the Department sent Petitioner a Health Care Coverage Determination Notice informing him that he and his wife's MA cases would be closed on the basis that he failed to verify information necessary to determine eligibility for the program. (Exhibit B)
5. On August 11, 2015, Petitioner requested a hearing disputing 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, verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (July 2015), 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, pp.7-8. 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 two times. BAM 130, p. 7-8. Extensions may be granted when the client or authorized representative make a request, when the need for the extension and the reasonable efforts taken to obtain the verifications are documented, and every effort by the Department was made to assist the client in obtaining the verifications. BAM 130, p. 7. Verifications are considered to be timely if received by the date they are due. BAM 130, p.7-8. 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. 8.

In this case, the Department testified that Petitioner submitted an application for FAP benefits on or around July 2, 2015. The Department stated that in connection with the FAP application, it sent Petitioner a VCL instructing him to submit proof of his property taxes, home insurance, electric expenses, heat expenses, and additional information about unknown employment and assets to the Department by July 24, 2015. (Exhibit A, pp. 1-2). Along with the VCL, the Department sent Petitioner a Verification of Employment Form for his wife's employment at [REDACTED], which was to be completed and returned to the Department by July 24, 2015. (Exhibit A, pp. 3-4). The Department testified that because it did not receive verification of Petitioner's wife's employment at [REDACTED] and because there was no request for extension, it sent Petitioner a Health Care Coverage Determination Notice advising of the MA case closure.

At the hearing, Petitioner initially testified that when he first applied for MA in June 2015, he sent the Department proof of his wife's employment. Petitioner provided for review the documents he stated he submitted to the Department in June 2015, however, after further review, they appear to be incomplete and were not submitted in connection with the July 14, 2014, request for verifications. (Exhibit 1). Petitioner later testified that he contacted his case worker to inform her that [REDACTED] was no longer in operation and that his wife had not worked there since December 2014. The Department provided Petitioner with a phone number for [REDACTED] that he was instructed to call and obtain employment verification. Petitioner stated that he called the phone number given to him by the Department for [REDACTED] and it was not in service. Petitioner provided inconsistent testimony throughout the hearing concerning the request for verifications and his wife's employment.

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 because the Department did not receive proof of Petitioner's wife's income by the due date, the Department acted in accordance with Department policy when it closed Petitioner's MA case. Petitioner was informed that he is entitled to submit a new application for MA benefits and have his eligibility determined.

DECISION AND ORDER

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



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

Date Signed: **10/20/2015**

Date Mailed: **10/20/2015**

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 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]
[REDACTED]
[REDACTED]
[REDACTED]