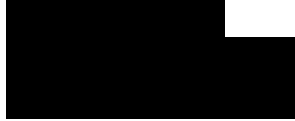


**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

IN THE MATTER OF:



MAHS Reg. No.: 15-018293
Issue No.: 2002
Agency Case No.: [REDACTED]
Hearing Date: December 16, 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 December 16, 2015, from Detroit, Michigan. The Petitioner was represented by [REDACTED] [REDACTED] Authorized Hearing Representative (AHR) from Advomas. A representative from the Department of Health and Human Services (Department) did not appear for the hearing and the hearing was held in the absence of the Department.

ISSUE

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

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 [REDACTED], Advomas submitted an application for MA benefits on behalf of Petitioner, seeking retroactive MA benefits to July 2014. (Exhibit 6)
2. On [REDACTED], the Department sent Petitioner a Verification Checklist (VCL) instructing her to submit proof of income by [REDACTED] 2014. (Exhibit 1)
3. On [REDACTED], Advomas sent the Department an email requesting that an extension be granted, as additional time was needed to obtain the required verifications. (Exhibit 3)

4. On [REDACTED], Advomas submitted proof of Petitioner's income to the Department. (Exhibit 4)
5. On [REDACTED], the Department sent Advomas a Health Care Coverage Determination Notice advising of the denial of the MA application for the period of [REDACTED], ongoing, on the basis that verification of income was not returned. (Exhibit 5)
6. On [REDACTED], Advomas timely requested a hearing to dispute the denial of the application. This hearing request was not processed by the Department and the matter was not scheduled for hearing. (Exhibit 2)
7. On [REDACTED], Advomas submitted a second hearing request disputing the Department's actions with respect to the denial of the MA application and the failure to process the [REDACTED], 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.

Additionally, verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (July 2014), 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 the present case, the Department did not appear for the hearing; however, the Hearing Summary prepared for the hearing was read into the record. According to the Hearing Summary, the MA application was denied due to the fact that verification of Petitioner's requested income information was not received by the due date. (See Hearing Summary).

At the hearing, Petitioner's AHR confirmed receiving the VCL and stated that in response and on August 18, 2015, an Advomas representative sent the Department an email requesting that the due date to submit the verifications be extended ten days in order for Advomas to secure the verifications. (Exhibit 3). The email was presented for review, as was documentary evidence that the verification of income was submitted to the Department within ten days of the extension request and prior to the September 5, 2014, date in which the Health Care Coverage Determination Notice was issued and which denied the application based on a failure to return requested verifications. (Exhibit 4; Exhibit 5).

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 did not grant Petitioner's extension request and denied Petitioner's MA application on the basis that she failed to verify requested information despite having received the verifications prior to the negative action date.

DECISION AND ORDER

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

1. Register and process Petitioner's [REDACTED] MA application, retroactive to July 2014, to determine Petitioner's eligibility for MA benefits under the most beneficial category;
2. Provide Petitioner with any MA coverage that she was eligible to receive but did not from [REDACTED], ongoing, and

3. Notify Petitioner and Advomas of its decision in writing.



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

Date Signed: **12/30/2015**

Date Mailed: **12/30/2015**

ZB / hw

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:

