



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: June 22, 2016  
MAHS Docket No.: 16-006320  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Darryl Johnson

### **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 June 21, 2016, from Lansing, Michigan. The Petitioner appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Family Independence Manager [REDACTED] and Eligibility Specialist [REDACTED].

### **ISSUE**

Did the Department properly deny Petitioner's application for retro-active Medical Assistance?

### **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 3, 2016, Petitioner applied for Medical Assistance (MA) seeking retroactive coverage to November 1, 2015.
2. On February 5, 2016, the Department mailed to Petitioner a Verification Checklist (Exhibit 1 Page 8) and a Health Care Coverage Supplemental Questionnaire (Pages 9-11).
3. Petitioner was required to submit the completed, signed, and dated Questionnaire by February 16, 2016.

4. Petitioner completed most of the Questionnaire and returned it on February 16, 2016, but he did not provide any information about his self-employment income, or sign and date the form.
5. On February 23, 2016, the Department mailed to him a Quick Note (Page 16) informing him that the form was not signed, and that he did not provide income information for his self-employment. He was told that the Department needed his most recent tax return, including the Schedule C. It also provided another copy of the Questionnaire (Pages 17-19), with a due date of March 7, 2016.
6. On March 8, 2016, the Department mailed a Health Care Coverage Determination Notice (Pages 3-7) advising Petitioner that his application for MA was denied because “a signed and dated DHS 1004 was not returned.”
7. On May 3, 2016, the Department received Petitioner’s hearing request, protesting the decision to deny his application for MA.

### **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.

#### **MA**

Per BEM 103, the Department is to:

“Send a negative action notice when:

“The client indicates refusal to provide a verification, **or**

“The time period given has elapsed and the client has **not** made a reasonable effort to provide it.”

The second Questionnaire was mailed on February 23, 2016, with a due date of March 7, 2016. Petitioner testified that he is self-employed in the insurance business

and that he was waiting for his taxes to be completed before he could provide the 2015 tax return to verify his self-employment income. He testified further that he was sure that he had taken the completed form into the Department “probably the same day” that he received the Questionnaire, but he had no documentation to substantiate that claim. The Department has no record of receiving it. In any case, he also testified that he provided the tax return after he received the notice that his application was denied.

BAM 130,

“The client must obtain required verification, but you must assist if they need and request help.

“If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If no evidence is available, use your best judgment.”

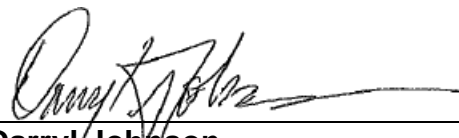
The issue is whether the Petitioner provided timely verification in response to the request. In this case, Petitioner did not provide any evidence that he timely responded to the Questionnaire. There is no indication that he asked for assistance from the Department, or that he even told them he was waiting for the taxes to be completed by his tax preparer. Because he failed to provide the necessary verification by the deadline, the Department could not approve his application.

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 Petitioner’s application for MA.

**DECISION AND ORDER**

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

DJ/mc



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**Darryl Johnson**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**NOTICE OF APPEAL**: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

**DHHS**

[REDACTED]

**Petitioner**

[REDACTED]