



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: September 26, 2016  
MAHS Docket No.: 16-011461  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Alice C. Elkin**

### **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 September 15, 2016, from Detroit, Michigan. Petitioner is a minor child. He was represented by [REDACTED], his mother. The Department of Health and Human Services (Department) was represented by [REDACTED] [REDACTED], Hearing Facilitator.

### **ISSUE**

Did the Department properly deny Petitioner's application for Medicaid (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. Petitioner is a minor child.
2. On May 4, 2016, Petitioner's mother applied for MA for Petitioner.
3. On May 5, 2016, the Department sent Petitioner a Verification Checklist (VCL) requiring proof of the last thirty-days of income by May 16, 2016 (Exhibit A, pp. 3-4).

4. On May 16, 2016, the Department received a written statement that Petitioner did not have unpaid medical bills in the last 3 months (Exhibit A, P. 5).
5. On June 13, 2016, the Department sent Petitioner a Health Care Coverage Determination Notice notifying him that his MA application was denied for failure to return verification of income (Exhibit A, PP. 7-9).
6. On August 9, 2016, the Department received Petitioner's mother's request for hearing disputing the denial of Petitioner's MA application.

### **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.

The Department testified that Petitioner's MA application was denied because it did not receive verification of income. The Department must use electronic sources available to it to obtain verifications before requesting documentation from the individual. BAM 130 (January 2016), p. 4. The Department testified that in her application, Petitioner's mother indicated that her federal tax information was not to be used to determine eligibility. Because the Department did not have access to electronic sources to verify Petitioner's mother's income, the Department properly requested verification.

The Department allows clients ten calendar days to provide requested verifications, and if the client cannot provide the verification despite a reasonable effort, it can, at the client's request, extend the due date up to three times. BAM 130 (January 2016), p. 7. Verifications are considered to be timely if received by the date they are due. BAM 130, p. 8. The Department sends a case action note when the time period for receipt of verification has elapsed. BAM 130, p. 8.

The Department presented a May 5, 2016 VCL sent to Petitioner requesting 30 days' income by May 16, 2016 (Exhibit A, PP. 3-4). At the hearing, the evidence established that Petitioner is a minor child. Although the VCL does not clearly indicate that income

was requested from Petitioner's mother, Petitioner's mother testified that she understood that she was to provide income verifications. Although she believed she had done so, the Department testified that the only documentation it received by the May 16, 2016 deadline was a statement relating to unpaid medical bills (Exhibit A, P. 5). A printout of documents scanned into Petitioner's electronic case file did not show that income verifications were received (Exhibit A, P. 6).

Under the evidence presented in this case, Petitioner's mother has failed to establish that she provided the requested verification of income. Accordingly, the Department properly denied Petitioner's MA application.

### **DECISION AND ORDER**

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 MA application.

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



ACE/tlf

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**Alice C. Elkin**

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]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Via Email:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]