



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: December 29, 2016
MAHS Docket No.: 16-015993
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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 5, 2016, from Detroit, Michigan. The Petitioner was represented by [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Facilitator.

ISSUE

Did the Department properly deny Petitioner's application for 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], Petitioner applied for MA benefits on [REDACTED].
2. On that same date, the Department sent Petitioner a Health Coverage Supplemental Questionnaire which was required to be completed and returned on or before [REDACTED].
3. On [REDACTED] the Department sent Petitioner a Health Care Coverage Determination Notice which informed Petitioner that her application for MA benefits had been denied due to her failure to complete the questionnaire.

4. On [REDACTED], Petitioner filed a Request for 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, the DHS-1004, Health Care Coverage Supplemental Questionnaire, is used to gather additional information when the applicant indicates a disability on the DCH-1426. BEM 105 (July 2016), p. 3. Further, clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of necessary forms. BAM 105 (April 1, 2016), p. 9. In this case, Petitioner applied for MA benefits on [REDACTED]. The Department testified that it sent Petitioner a Health Care Coverage Supplemental Questionnaire form which was due to be completed and returned on or before [REDACTED].

Petitioner acknowledged receipt of the form and further acknowledged that she did not timely return the form. Petitioner explained that she was hospitalized two or three days during the period between receipt and due date. Petitioner testified that when she returned home from the hospital, she had extremely limited vision and was unable to read her mail. Because she was unaware that she received correspondence from the Department, she did not notify the Department of any medical issue she was experiencing.

Petitioner indicated that her daughter regularly checks on her during her time of limited vision. However, Petitioner did not ask her daughter to read her mail. Petitioner testified that it was only after an extended period of time that she finally asked her daughter to review her mail and at that time she learned of the correspondence from the Department. Petitioner stated that the due date had already passed. Petitioner returned the form on [REDACTED] but by the time she returned the document, the Department had issued the Health Care Coverage Determination Notice which denied her application for benefits.

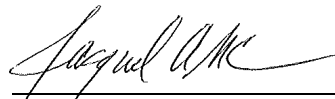
The facts in this case establish that Petitioner was experiencing a medical emergency. However, Petitioner did not seek assistance from either her daughter or the Department. The issue in this case is whether the Department acted within policy. Because Petitioner failed to return the questionnaire by the required due date and did not seek assistance or an extension from the Department, it is found that the Department properly denied Petitioner's application for MA benefits. Petitioner's has since reapplied for benefits.

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 [REDACTED] application for MA benefits for failure to returned necessary forms.

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

JM/hw



Jacquelyn A. McClinton

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]

Petitioner

[REDACTED]