



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

[REDACTED]

Date Mailed: March 11, 2016  
MAHS Docket No.: 16-000516  
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 March 8, 2016, from Lansing, Michigan. The Petitioner represented herself. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearings Facilitator, and [REDACTED], Assistance Payments Worker.

### **ISSUE**

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

### **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 applied for MA for her son seeking coverage beginning November 1, 2015.
2. On December 16, 2015, the Department mailed to Petitioner a Verification Checklist (VCL) (Exhibit 1 Pages 13-14) requiring her to verify any insurance coverage that her son might have. Her response was due by December 28, 2015.
3. Also on December 16, 2015, the Department denied Petitioner's application, finding her son is "not blind, disabled, pregnant, parent/caretaker relative of a dependent child or meet age requirements." (Exhibit 1 Pages 6-9).

4. Petitioner received the VCL on December 21, 2015 when she got home from work.
5. Petitioner underwent surgery on December 22, 2015, and was unable to leave her home for two weeks.
6. Petitioner did not have a stamp at home with which to mail the VCL, or a scanner with which to scan and email the completed VCL back to the Department.
7. She emailed her case worker requesting an extension before the deadline but did not receive a reply.
8. Petitioner completed the VCL on December 20, 2015 (Exhibit 1 Pages 4-5) but did not return it to the Department until January 7, 2016
9. On January 19, 2016, the Department again denied the application effective March 1, 2016, stating Petitioner had not provided the necessary insurance information.
10. Petitioner testified that her son is disabled.
11. On January 26, 2016, Petitioner requested a hearing.
12. Petitioner is employed by the Michigan Administrative Hearing System.

### **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.

In this case, Petitioner was late in responding to the VCL. She testified that she requested an extension via email to her case worker prior to the deadline. As stated in BAM 130 (1/1/16) at pages 7-8, if the client cannot provide the verification despite a reasonable effort, the Department is to extend the time limit up to two times from the initial 10 calendar days. The initial response was due December 28, 2015. A first extension would put the deadline at January 7, 2016, and a second extension would put the deadline at January 17, 2016. Petitioner is challenging the initial denial of her

application. That denial was dated the same day she applied. Among the reasons for the denial was that her son is not disabled.

Petitioner testified that her son is disabled. No evidence was offered, other than her testimony, to prove that he was disabled. His disability was not an issue noticed for hearing, and is not being adjudicated at this time. The Department made its determination without allowing Petitioner an opportunity to provide evidence that her son is disabled.

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 denied Petitioner's application for MA for her son.

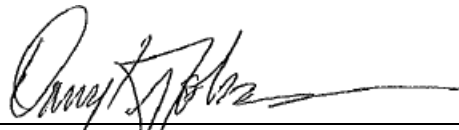
### **DECISION AND ORDER**

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department shall initiate a redetermination of Petitioner's eligibility for MA benefits back to the date of denial/closure.

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]

[REDACTED]

[REDACTED]

[REDACTED]

**Petitioner**

[REDACTED]