



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR



Date Mailed: April 13, 2016
MAHS Docket No.: 16-001460
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 April 7, 2016, from Detroit, Michigan. The Petitioner was represented by [REDACTED], Authorized Hearing Representative (AHR) from [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Representative.

ISSUE

Did the Department properly deny Petitioner's [REDACTED] 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.
2. On [REDACTED], the Department sent Petitioner a Verification Checklist (VCL) requesting income information for the past 30 days.
3. On [REDACTED], Petitioner's AHR sent correspondence to the Department indicating that Petitioner did not have income within the 30 days preceding [REDACTED].

4. On [REDACTED], the Department sent Petitioner a Health Care Determination Notice notifying Petitioner that his application for MA benefits had been denied.
5. On [REDACTED], Petitioner's AHR filed a Request for Hearing disputing the Department's action.

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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101-.3131.

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 State SSI Payments (SSP) program is established by 20 CFR 416.2001-.2099 and the Social Security Act, 42 USC 1382e. The Department administers the program pursuant to MCL 400.10.

Additionally, under Department policy, verifications are usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (October 2015), p. 1. In this case, Petitioner completed an application for MA benefits on [REDACTED]. In the application, Petitioner reported that he did not have any income. The Department completed a Consolidated Income Inquiry which revealed that Petitioner earned \$1,516.88 in the fourth quarter of 2015.

On [REDACTED], the Department sent Petitioner a VCL requesting income information for the prior 30 days. Petitioner testified that, prior to the date of the application, he last worked on [REDACTED]. On [REDACTED], Petitioner's AHR sent correspondence to the Department indicating that Petitioner did not have any employment within the last 30 days, requested an extension if further information was needed. In that correspondence, Petitioner's AHR also requested that the Department

assist Petitioner in obtaining any additional information. The Department did not respond to the correspondence but instead sent Petitioner a Health Care Coverage Determination Notice on [REDACTED] notifying him that his application for MA coverage had been denied. At the hearing, the Department conceded that the correspondence from Petitioner's AHR was sufficient to allow for the processing of Petitioner's MA 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 did not act in accordance with Department policy when it denied Petitioner's [REDACTED] application for MA benefits.

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. Reregister and reprocess the Petitioner's [REDACTED] MA benefits; and
2. Issue supplements that the Petitioner was eligible to receive but did not relating to the [REDACTED] MA application for MA benefits;
3. Notify Petitioner of its findings in writing.

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

Counsel for Complainant

[REDACTED]

DHHS

[REDACTED]

[REDACTED]

Petitioner

[REDACTED]