



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: April 26, 2016
MAHS Docket No.: 16-002327
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Susanne E. Harris

HEARING DECISION

Following the 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 12, 2016, from Lansing, Michigan. The Petitioner was represented by Power of Attorney, [REDACTED]. The Department of Health and Human Services (Department) was represented by Family Independence Manager, [REDACTED] and Eligibility Specialist, [REDACTED].

The following exhibits were offered and admitted into evidence:

- Department: A--November 2, 2015, change report.
- B--November 18, 2015, Verification Checklist.
- C--October 15, 2015, Verification Checklist.
- D--Case Comments.
- E-- February 6, 2015, Facility Admission Notice and November 30, 2015, Health Care Coverage Determination Notice.

ISSUE

Did the Department properly take action to close the Petitioner's case for Medical Assistance (MA) due to a failure to return the required verification?

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 October 15, 2015, the Department received the Petitioner's POA application for MA and Retro-MA.
2. On October 15, 2015, the Department sent the Petitioner's POA a Verification checklist requesting verification of income and assets. The verifications were due by October 26, 2015 and the Petitioner's application was approved.
3. On November 2, 2015, the Petitioner's POA submitted a change report.
4. On November 11, 2015, the Department again sent the Petitioner's POA a verification checklist requiring verification of checking and savings accounts for the month of July, 2015 ongoing; specifically from Choice One and Huntington Bank. The proofs were due by November 30, 2015.
5. On November 30, 2015, the Department sent the Petitioner's POA a Health Care Coverage Determination Notice informing the Petitioner's POA that the Petitioner's MA case had been closed for failure to verify the required information.

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, the Petitioner's POA did not contest that she did not submit the required verification within the allotted time. The Petitioner's POA testified that the verifications were due during a time where the Petitioner had been injured and the Petitioner's POA was consumed with taking care of the Petitioner.

Bridges Assistance Manual (BAM) 130 (2016) p. 3, provides that the Department worker tell the Petitioner what verification is required, how to obtain it and the due date by using a DHS-3503 Verification Checklist. In this case, the Department did exactly that.

Bridges Assistance Manual (BAM) 130 (2016) p. 7, provides that verifications are considered to be timely if received by the date they are due. It instructs Department workers to send a negative action notice when the Petitioner indicates a refusal to provide a verification, or when the time period given has elapsed and the Petitioner has

not made a reasonable effort to provide it. In this case, the Administrative Law Judge determines that the time period to submit the verification had lapsed and the Petitioner had made no reasonable effort to provide the verification. As such, the Administrative Law Judge concludes that the Department has met its burden of establishing that it was acting in accordance with policy when taking action to close the Petitioner's MA case for failure to submit the required verification.

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 took action to close the Petitioner's MA case.

DECISION AND ORDER

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

SH/nr



Susanne E. Harris
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]

Authorized Hearing Rep.

[REDACTED]