



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 4, 2016
MAHS Docket No.: 16-002749
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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. After due notice, telephone hearing was held on March 30, 2016, from Lansing, Michigan. Participants on behalf of Petitioner included his authorized hearing representative [REDACTED] of [REDACTED] [REDACTED] (Hearing Facilitator) represented the Department of Health and Human Services (Department).

ISSUE

Did the Department of Health and Human Services (Department) properly deny the Petitioner's application for Medical Assistance (MA)?

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 November 12, 2015, the Department received the Petitioner's application for Medical Assistance (MA).
2. On November 12, 2015, the Department sent the Petitioner a Health Care Coverage Supplemental Questionnaire (DHS-1004) with a due date of November 23, 2015.
3. On November 13, 2015, the Department sent the Petitioner a Verification Checklist (DHS-3503) and a Verification of Employment (DHS-38) requesting verification of all income for the previous 30 days by December 28, 2015.

4. On November 18, 2015, the Department received the Petitioner's Health Care Coverage Supplemental Questionnaire (DHS-1004).
5. On November 18, 2015, the Department sent the Petitioner a Verification Checklist (DHS-3503) requesting verification of all income for the previous 30 days by November 30, 2015.
6. On November 23, 2015, the Petitioner requested an extension to the November 12, 2015, Verification Checklist (DHS-3503) form.
7. On December 1, 2015, the Department notified the Petitioner that his application for Medical Assistance (MA) had been denied.
8. On December 1, 2015, the Petitioner submitted verification of all income received by the benefit group.
9. On February 23, 2016, the Department received the Petitioner's request for a hearing protesting the denial of his Medical Assistance (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.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (July 1, 2015), p 8.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is

needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (July 1, 2015), pp 1-9.

If the client cannot provide the verification despite a reasonable effort, extend the time limit up to two times. BAM 130, p 7.

The Department will send a negative action when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed. BAM 130, p 8.

On November 12, 2015, the Department received the Petitioner's application for Medical Assistance (MA). On November 12, 2015, the Department sent the Petitioner a Verification Checklist (DHS-3503) requesting verification of all income for the previous 30 days by November 23, 2015. On November 23, 2015, the Petitioner's representative requested an extension to the due date.

Before November 23, 2015, the Petitioner's representative had provided the Department with other forms and information for the Department to apply towards its determination of eligibility. On November 18, 2015, the Department had sent the Petitioner another Verification Checklist (DHS-3503) requesting verification of income by November 30, 2015.

On December 1, 2015, the Department denied the Petitioner's application for failing to return his verification of income by the November 30, 2015, due date.

On December 1, 2015, the Petitioner's representative submitted verification of all income received by the Petitioner's benefit group, which was within 10 days of the request for an extension.

This Administrative Law Judge finds that the Petitioner did not refuse to provide the verification requested by the Department and that it was provided within 10 days its request for an extension to submit the verification material. The evidence on the record does not support a finding that the request for an extension to submit verification documents was denied.

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 the Petitioner's application for Medical Assistance (MA).

DECISION AND ORDER

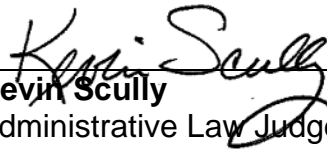
Accordingly, the Department's decision is **REVERSED**.

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. Initiate a determination of the Petitioner's eligibility for Medical Assistance (MA) as of November 1, 2015.
2. Provide the Petitioner with written notice describing the Department's revised eligibility determination.
3. Issue the Petitioner any retroactive benefits he may be eligible to receive, if any.

KS/las



Kevin Scully
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]