



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: March 20, 2017  
MAHS Docket No.: 16-019481  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Vicki Armstrong

### **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, an in-person hearing was held on March 16, 2017, from [REDACTED], Michigan. Petitioner personally appeared and testified.

The Department of Health and Human Services (Department) was represented by Children's Services Protection (CPS) Supervisor, [REDACTED], and Eligibility Specialist, [REDACTED]. The Department submitted 20 exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

### **ISSUE**

Did the Department properly deny Petitioner's Medical Assistance (MA) application for failing to return the requested verifications?

### **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 18, 2016, Petitioner applied for MA. [Dept. Exh. 12-18].
2. On November 21, 2016, the Department issued Petitioner a Health Care Coverage Supplemental Questionnaire, requesting further information regarding Petitioner's assets and income with a due date of December 1, 2016. [Dept. Exh. 9-12].

3. On December 12, 2016, the Department mailed Petitioner a Health Care Coverage Determination Notice informing him that he was not eligible for MA because he had failed to timely return the requested verifications. [Dept. Exh. 5-8].
4. On December 21, 2016, the Department received Petitioner's request for a hearing contesting the Department's actions. [Dept. Exh. 2].

### **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.

Department policy states that clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105, p 8 (7/1/2015). This includes completion of the necessary forms. BAM 105, p 8. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105, p 9. Clients must take actions within their ability to obtain verifications. BAM 105, p 12.

The Department must assist when necessary; see BAM 130 and BEM 702. BAM 105, 12. The local office must assist clients who ask for help in completing forms or gathering verifications. BAM 105, p 14. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (7/1/2015). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130, p 1.

The Department uses the Health Care Coverage Supplemental Questionnaire, to tell the client what verification is required, how to obtain it and the due date. BAM 130, p 3. The client must obtain the required verification, but the Department must assist if they need and request help. BAM 130, p 3.

A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the Department. BAM 130, p 6. The Department sends a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p 7.

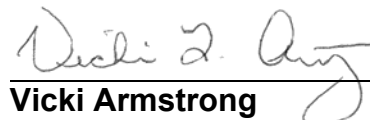
In this case, despite an extension of time provided by the Department, Petitioner failed to submit verification of his income and assets.

**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, finds that the Department acted in accordance with Department policy when it denied Petitioner's MA application.

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

VLA/bb



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**Vicki Armstrong**  
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]