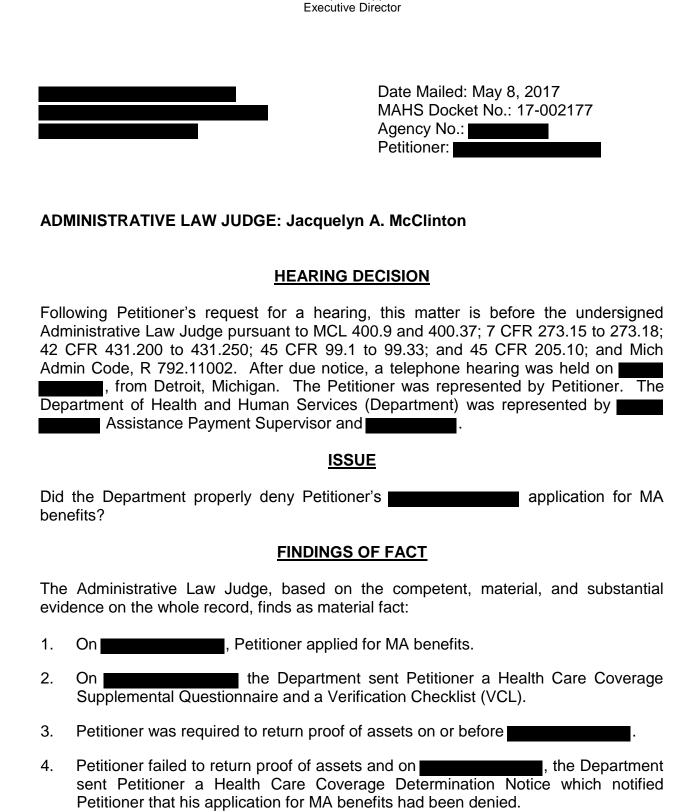
RICK SNYDER GOVERNOR

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

SHELLY EDGERTON



5. On Petitioner filed a Request for Hearing disputing the Department's actions.

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.

Additionally, verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (January 2017), p. 1. In this case, Petitioner applied for MA benefits on January 14, 2017. The Department testified that on January 17, 2017, it sent Petitioner a Health Care Coverage Supplemental Questionnaire as well as a VCL. The Questionnaire instructed Petitioner to report all assets. The Questionnaire provided examples of assets which included bank accounts and also instructed Petitioner to provide proof containing his name. The VCL requested that Petitioner provide proof of assets.

Petitioner acknowledged receipt of the Questionnaire and VCL. Petitioner testified that he overlooked the portion of the Questionnaire which instructed him to provide proof of assets with his name. Because Petitioner failed to provide proof of his bank accounts, the Department sent Petitioner a Health Care Coverage Determination Notice which informed Petitioner that his application for MA benefits had been denied.

The VCL provided a specific date in which proofs were to be returned. Petitioner failed to return the required proofs. Given that the Department's documents clearly outlined what Petitioner needed to return and Petitioner failed to do so as a result of his failure to fully read the document, it is found that the Department properly denied Petitioner's application for MA benefits. Petitioner can submit a retroactive application for MA benefits which would allow him to receive coverage, if approved, for the three months immediately prior to the date of application.

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, if any, finds that the Department acted in accordance with Department policy when it denied Petitioner's application for MA benefits.

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

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

DHHS	
Petitioner	