



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR



Date Mailed: August 24, 2017
MAHS Docket No.: 17-007472
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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; 42 CFR 438.400 to 438.424; 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 July 27, 2017, from Lansing, Michigan. Petitioner was represented by her daughter and Authorized Representative, [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED] Eligibility Specialist, and [REDACTED] Family Independence Manager.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medicaid (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. Petitioner entered the nursing home on December 23, 2016.
2. On January 26, 2017, Petitioner applied for MA. Department Exhibit A, pgs. 2-10.
3. On February 17, 2017, the Department Caseworker sent Petitioner's Authorized Representative and daughter a Verification Checklist, DHS 3503, which was due February 27, 2017, for written verifications to determine MA eligibility. Department Exhibit D, pgs. 14-15.

4. On March 20, 2017, the Caseworker sent Petitioner's Authorized Representative and daughter a Health Care Coverage Determination Notice, DHS 1606, indicating that Petitioner was not eligible for MA due to failure to provide verification of bank account of saving and checking, real property, and unearned payment verification. Department Exhibit E, pgs. 17-19.
5. On March 20, 2017, the Caseworker sent Petitioner's Authorized Representative and daughter a Health Care Coverage Determination Notice, DHS 1606, indicating that Petitioner was not eligible for MA due to failure to provide verification of bank account saving and checking, real property, and unearned payment verification. Department Exhibit F, pgs. 20-22.
6. On May 30, 2017, the Department received a hearing request from Petitioner's Authorized Representative contesting the Department's negative 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 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, Petitioner entered the nursing home on December 23, 2016. On January 26, 2017, Petitioner applied for MA. Department Exhibit A, pgs. 2-10. On February 17, 2017, the Department Caseworker sent Petitioner's Authorized Representative and daughter a Verification Checklist, DHS 3503, which was due February 27, 2017, for written verifications to determine MA eligibility. Department Exhibit D, pgs. 14-15. On March 20, 2017, the Caseworker sent Petitioner's Authorized Representative and daughter a Health Care Coverage Determination Notice, DHS 1606, indicating that Petitioner was not eligible for MA due to failure to provide verification of bank account saving and checking, real property, and unearned payment verification. Department Exhibit E, pgs. 17-19. On March 20, 2017, the Caseworker sent the Petitioner's Authorized Representative and daughter a Health Care Coverage Determination Notice, DHS 1606, indicating that Petitioner was not eligible for MA due to failure to provide verification of bank account saving and checking, real property, and unearned payment verification. Department Exhibit F, pgs. 20-22. On May 30, 2017, the Department received a hearing request from Petitioner's Authorized Representative

contesting the Department's negative action. BAM 105, 115, 220, and 402. BEM 105, 164, 166, 400, 405, 500, and 503.

During the hearing, Petitioner's Authorized Representative and daughter stated that she had submitted all the required documentation that she thought were required before she left town. She was out of town for 6 weeks. Unfortunately, she missed the correspondence with the Department in the interim while she was out of town that stated what information the Department was missing to determine MA eligibility. It was her responsibility to forward her mail, provide the address where she was for 6 weeks, or stay in contact with the Department in case if there was an issue.

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 determined that Petitioner and her Authorized Representative failed to provide required verification to determine MA eligibility.

DECISION AND ORDER

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



CF/md

Carmen G. Fahie
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

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Petitioner

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Authorized Hearing Rep.

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