



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: September 14, 2017  
MAHS Docket No.: 17-008129  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Denise McNulty**

**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 August 16, 2017, from Detroit, Michigan. The Petitioner represented himself. The Department of Health and Human Services (Department) was represented by [REDACTED] [REDACTED] Hearing Facilitator, and [REDACTED] [REDACTED], Family Independence Specialist.

**ISSUE**

Did the Department properly determine that Petitioner and his family were ineligible for Medical Assistance (MA) benefits effective [REDACTED]?

**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 and family were recipients of MA benefits.
2. On [REDACTED], Petitioner submitted a Redetermination to the Department all required documentation was not attached.
3. On [REDACTED], the Department sent Petitioner a Verification Checklist with a due date of [REDACTED].
4. Petitioner did not return verifications for employment until [REDACTED].

5. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice which notified him that he and group members were not eligible for MA benefits and the case would close effective [REDACTED].
6. On [REDACTED] [REDACTED] [REDACTED], 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.

In this case, Petitioner requested a hearing to dispute the Department's finding that he and his family were ineligible for MA benefits. On [REDACTED] the Department sent Petitioner a verification of employment form with a due date of [REDACTED]. The Department closed Petitioner's MA benefits case, for he and his family, when Petitioner failed to submit the requested documentation regarding his earnings. The Petitioner agrees that he did not provide the requested verification of employment form until [REDACTED].

On Petitioner's Redetermination form submitted on [REDACTED], Petitioner indicated that he was paid biweekly by each of his employers. The paystubs Petitioner provided the Department seemed to contradict the information provided in the [REDACTED], redetermination. Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. The client is required to obtain and provide the verification requested by the Department for determination of their eligibility for benefits. BAM 130 (April 1, 2017), p. 3.

The Department was unable to complete a determination of continued eligibility for MA benefits absent the requested verification of employment. Since Petitioner did not provide the requested information the Department, in accordance with policy, closed the MA benefits.

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 closed Petitioner's and his group's MA benefits.

**DECISION AND ORDER**

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



DM/jaf

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**Denise McNulty**  
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]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]