STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

RICK SNYDER
GOVERNOR

SHELLY EDGERTON
DIRECTOR

Date Mailed: October 13, 2017
MAHS Docket No.: 17-009908
Agency No.:
Petitioner:

**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 September 18, 2017, from ████ Michigan. The Petitioner represented herself. The Department was represented by ████ ████ Assistance Payments Worker.

## ISSUE

Did the Department of Health and Human Services (Department) properly close Petitioner's Medical Assistance (MA) benefits?

## 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 was an ongoing Medical Assistance (MA) recipient.

2. On April 19, 2017, the Department received Petitioner's completed Redetermination (DHS-1010) form where she reported two sources of earned income and ending rental income. Exhibit A, pp 5-12.

3. On June 6, 2017, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting verification of her income by June 16, 2017. Exhibit A, p 13.

4. On June 16, 2017, the Department notified Petitioner that she was no longer eligible for Medical Assistance (MA) effective June 1, 2017. Exhibit A, p 4.

5.    On July 21, 2017, the Department received Petitioner's request for a hearing protesting the closure of her Medical Assistance (MA) benefits.  Exhibit A, pp 2-3.

## 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 (October 1, 2016), 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 (April 1, 2017), pp 1-9.

Petitioner was an ongoing MA recipient on April 19, 2017, when she submitted her Redetermination (DHS-1010) form to the Department.  On this form, Petitioner reported two sources of earned income and ending rental income.

The Redetermination form included instructions to provide the Department with verification her circumstances as they were reported on the Redetermination form.  On June 6, 2017, the Department requested verification of Petitioner's income that had not been provided along with her Redetermination form.

On June 16, 2017, the Department had received a portion of the required verification material, but had not received sufficient verification of her ending rental income.  Verification of ending income is necessary to accurately determine eligibility for ongoing benefits that are based on current income.   Therefore, the Department closed Petitioner's MA benefits.
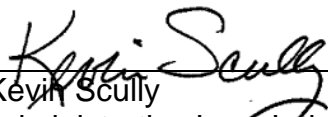
Petitioner testified that she had provided the Department all of the necessary proofs, but failed to offer any evidence on the record that she had submitted all required proofs in a timely manner.

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 Medical Assistance (MA) benefits.

### DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/nr

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:

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Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan  48909-8139

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**DHHS**

**Petitioner**