



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: March 27, 2018
MAHS Docket No.: 18-000469
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Amanda M. T. Marler

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 March 26, 2018, from Detroit, Michigan. The Petitioner was self-represented and appeared with her son, [REDACTED], as a witness. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist and Hearing Facilitator.

ISSUE

Did the Department properly deny Petitioner's application for Medical Assistance (MA) program 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. On December 15, 2017, Petitioner applied for MA benefits with a request for retroactive coverage beginning September 1, 2017.
2. On December 18, 2017, the Department issued a Form DHS-1004 Health Care Coverage Supplemental Questionnaire (HCCSQ) due back by January 2, 2018.
3. On January 8, 2018, the Department issued a Health Care Coverage Determination Notice (HCCDN) denying Petitioner's MA application for failure to return the HCCSQ.

4. On January 18, 2018, the Department received Petitioner's hearing request disputing her eligibility for MA benefits.

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, the Department denied Petitioner's application for benefits based upon her failure to return the HCCSQ. The Department issues an HCCSQ to gather additional information when an applicant indicates a disability on the application for MA benefits. BEM 105 (April 2017), p. 3. Verification of circumstances is usually required at application, redetermination, or upon a reported change. BAM 130 (April 2017), p. 1. Clients are provided at least 10 calendar days to provide the requested information. BAM 130, p. 7. If a client requests help in obtaining necessary verifications, the Department is required to provide assistance. BAM 130, p. 3. Negative action notices are sent when the client indicates a refusal to provide verifications or when the time period given has elapsed and the client has **not** made a reasonable effort to provide the proofs. BAM 130, p. 7; see *also* BAM 115 (January 2018), p. 25; BAM 220 (January 2018).

Petitioner received the HCCSQ but did not return it to the Department by the due date. Therefore, the Department issued a negative action notice, the HCCDN, denying her application for MA benefits. 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.

DECISION AND ORDER

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



AM/

Amanda M. T. Marler
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]

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
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