



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.: 18-000771
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 27, 2018, from Detroit, Michigan. The Petitioner was self-represented. The Department of Health and Human Services (Department) was represented by [REDACTED], Assistance Payments Supervisor, and [REDACTED], Family Independence Manager.

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 September 25, 2017, Petitioner submitted an MA application.
2. On the same day, the Department issued a Health Care Coverage Supplemental Questionnaire (HCCSQ) due back by October 5, 2017.
3. On October 2, 2017, Petitioner returned the completed HCCSQ to the Department and included information about a checking and savings account.
4. On October 13, 2017, the Department pulled a State Online Query (SOLQ) showing that Petitioner was receiving MA and Food Assistance Program (FAP) benefits from Alabama.

5. On the same day, the Department issued a Verification Checklist, covering her FAP and MA case, requesting proof of the closure of her Alabama benefits case as well as her checking and savings accounts due by October 23, 2017.
6. On November 9, 2017, the Department issued a Health Care Coverage Determination Notice notifying Petitioner that she was not eligible for MA because she was over the income limit and failed to provide income proofs; she had not provided proof of the closure of her Alabama benefits case; and had not provided proof of her checking and savings accounts.
7. On January 17, 2018, the Department received Petitioner's request for hearing disputing her MA coverage.

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's MA case was closed for failure to provide requested proofs. Verification of circumstances is usually required at application, redetermination, or upon a reported change. BAM 130 (April 2017), p. 1. The Department uses the Verification Checklist to request verification of certain items and should explain what verification is required, how to obtain it, and the due date. BAM 130 p. 3. Clients are provided 10 calendar days to provide the requested verifications. 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.

In this case, the Department was requesting proofs of several items just after Petitioner's application submission. The items requested related to income, benefits in another state, and assets. Proof of income is required to determine MA program eligibility. BEM 500 (July 2017); BEM 530 (July 2017). Benefit duplication is prohibited except in limited circumstances for MA and FAP. BEM 222 (October 2016), p. 1. The Department is required to assume that an MA applicant is not receiving duplicate benefits unless evidence shows otherwise. BEM 222, p. 2. Proof of assets is required

in consideration of MA eligibility. BEM 400 (July 2017). Therefore, the Department requested the proofs in accordance with policy. In addition, the Department properly afforded Petitioner 10 days to return the requested proofs. While Petitioner testified that she had provided the proofs to the Department, she could not identify when she gave the proofs to the Department. The Department has no record of receiving the requested proofs by the due date. Without some additional evidence from the Petitioner, the Department properly denied Petitioner's MA application.

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 MA application.

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]
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