



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.: 18-000798  
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 represented. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Facilitator.

**ISSUE**

Did the Department properly deny Petitioner's application for 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. On December 12, 2017, after receipt of Petitioner's MA application, the Department issued a Verification Checklist (VCL) with proof of current bank statements, pay stubs, and a written statement regarding money received from Petitioner's parents, along with several other items due by December 26, 2017.
2. On January 8, 2018, the Department issued a Health Care Coverage Determination Notice (HCCDN) indicating Petitioner's application for MA benefits was denied for failure to verify his income, although none of the requested verifications were returned by the due date.

3. On January 18, 2018, Petitioner submitted a hearing request disputing his MA coverage denial.

### 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 MA benefits because he failed to return the requested proofs by the due date. 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.

The Department properly issued the VCL and properly provided Petitioner with at least 10 days to return the requested proofs. Once the time period had elapsed and the Department had not received the requested proofs, the Department issued a negative action notice, or a HCCDN, notifying Petitioner that his MA application had been denied. 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**.



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**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]

**Department Representative**

[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]

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