



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: April 3, 2018  
MAHS Docket No.: 18-000870  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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 14, 2018, from Detroit, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED], Assistance Payments Supervisor.

**ISSUE**

Did the Department properly close the Petitioner's Medical Assistance for HMP due to failure to timely verify income?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. A verification checklist was sent to the Petitioner December 18, 2017 requesting proof of all income for the last 30 days with a due date of December 28, 2017. Exhibit A
2. The Medical Determination Verification Checklist requested the Petitioner to "complete/return the proof of all income for the last 30 days include income proof for the [REDACTED] or proof the job ended." Exhibit A
3. When the Petitioner returned the redetermination originally the Department failed to timely process it. The Petitioner reported pension income of [REDACTED] monthly and the employment for [REDACTED] her daughter was crossed out. The

form also advised that household did not have income. No verification of income was provided with the redetermination as required.

4. The Department issued a Health Care Coverage Determination Notice on January 4, 2018 closing the Petitioner HMP due to failure to give proof of information requested and to see the verification checklist.
5. The Petitioner requested a timely hearing on January 16, 2018 protesting the closure of HMP.

### 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 sent the Petitioner a Medical Determination Verification Checklist on December 18, 2014 due December 28, 2017. Exhibit A. The Checklist requested proof of income for the last thirty days and requested that Petitioner provide proof of income from [REDACTED] or proof the job ended. The Petitioner could not say when she returned the information regarding the income. Ultimately, the Department issued a Health Care Coverage Determination Notice closing her HMP for failure to provide the requested by the due date effective February 1, 2018. Exhibit C. On February 8, 2018, Department records indicated that the Petitioner returned proof of income after the case had been closed.

In this case, the Department closed the Petitioner's Medical Assistance for HMP when it did not receive the requested verification of income that was due December 28, 2017.

A complete redetermination/renewal is required at least every 12 months. Bridges sets the redetermination/renewal date according to benefit periods. Benefits stop at the end of the benefit period **unless** a renewal is completed **and** a new benefit period is certified. Also, the renewal month is 12 months from the **date the most recent complete application was submitted**. BAM 210, p. 3. This case is confused because the Department failed to process the redetermination for 2016. However, the

Department did request a verification be returned by December 28, 2017 for proof of income which the Department must verify in order to determine eligibility.

At application, renewal, ex parte review, or other change, explain to the client/authorized representative the availability of your assistance in obtaining needed information. Extension may be granted when the following exists:

- The customer/authorized representative need to make the request. An extension should not automatically be given.
- The need for the extension and the reasonable efforts taken to obtain the verifications are documented.
- Every effort by the department was made to assist the client in obtaining verifications.

**Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or MI Bridges document upload), the date of the transmission is the receipt date.**

**Send a case action notice when:**

- The client indicates refusal to provide a verification, or
- The time period given has elapsed. BAM 130 (January 2016), p. 8-9.

In this case based upon the evidence presented, it is determined that the Petitioner did not return the proof of income with the redetermination originally sent to the Department; thus, the Department was required to seek income verification. Thereafter once the income information was not returned by Petitioner by December 28, 2017, the Department properly closed the Petitioner's HMP case for failure to verify income.

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 the Petitioner's Medical Assistance case for HMP.

**DECISION AND ORDER**

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

LF/tm



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**Lynn M. Ferris**  
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]  
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