



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

████████████████████
████████████████████
████████████████████

Date Mailed: June 25, 2018
MAHS Docket No.: 18-003796
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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 June 14, 2018, from Detroit, Michigan. Petitioner was represented by ██████████, her authorized hearing representative (AHR). The Department of Health and Human Services (Department) was represented by ██████████, Assistance Payment Worker, and Lekeita Cochran, Assistance Payment Supervisor.

ISSUE

Did the Department properly deny Petitioner's December 11, 2017 application for Medicaid (MA), with retroactive coverage to September 2017?

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 11, 2017, Petitioner applied for MA.
2. On January 2, 2018, the Department sent Petitioner a verification checklist (VCL) requesting verification by January 12, 2018 of a ██████████ checking account ending 3141 for September 2017 to December 2017. The VCL advised Petitioner to contact the specialist if she had any questions and that failure to call or get proofs in by the due date could result in denial of benefits (Exhibit A, pp. 19-20).
3. The AHR submitted the Verification of Asset form to Comerica to complete.
4. The Department did not receive a response to the VCL.

5. On January 26, 2018, the Department sent Petitioner a Health Care Coverage Determination Notice notifying her that the application was denied. The Comments From Your Specialist section of the Notice stated “Verification of Comerica checking account XXXX3141 from September 2017 – December 2018 or proof of closure not returned. Client may re apply.”
6. On April 13, 2018, the Department received Petitioner’s request for hearing disputing the denial of her application.

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.

The Department testified that it denied Petitioner’s December 11, 2017 MA application because Petitioner failed to verify her [REDACTED] checking account ending 3141. Asset eligibility is required for MA coverage under SSI-related MA categories, which applies to individuals who are aged, disabled or blind and seeking LTC benefits. BEM 400 (July 2017), p. 6; BEM 105 (April 2017), p. 1. Checking and savings accounts are assets. BEM 400, p. 14. At application, a client must verify that the value of the money in the account does not exceed the asset limit for SSI-related MA. BEM 400, pp. 1, 14, 16, 58.

The Department explained that, in connection with processing Petitioner’s MA application, it became aware that Petitioner had previously reported to the Department having a [REDACTED] checking account ending 3141. Petitioner also indicated that she had a checking account in her application. In order to verify the value of the account, the Department sent the AHR the January 2, 2018 VCL requesting verification of the [REDACTED] checking account.

At the hearing, the AHR testified that she was unable to provide the Department the requested verification prior to the VCL due date, explaining that the address for the account listed with [REDACTED] was Petitioner’s daughter’s address in [REDACTED].

Unfortunately, Petitioner's daughter had passed away in April 2017. Because [REDACTED] refused to release the information anywhere other than Petitioner's daughter's [REDACTED] address and neither Petitioner, her local family, nor the AHR was able to access the information, the AHR admitted that it did not return the checking account verification on or before the January 12, 2018 VCL deadline.

The AHR testified that the Department became aware of Petitioner's difficulty in obtaining the Comerica verification, but the AHR could not testify *when* it notified the Department it could not obtain verification. The Department worker testified that she was not aware of the problem until the Department received Petitioner's April 13, 2018 hearing request that raised the issue. The Department is required to assist a client in obtaining required verification "if help is needed and requested." BAM 130 (April 2017), p. 3. Here, there is no evidence that the AHR notified the Department of the issues it was having obtaining verification from Comerica and requesting assistance at any time before the application was denied on January 26, 2018. In the absence of such evidence, the Department acted in accordance with Department policy when it denied Petitioner's MA application due to Petitioner's failure to verify her checking account by the VCL due date.

DECISION AND ORDER

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



AE/tm

Alice C. Elkin
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) 763-0155; 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]
[REDACTED]
[REDACTED]
[REDACTED]

Petitioner

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

Authorized Hearing Rep.

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

CC:

[REDACTED]
[REDACTED]