



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: July 24, 2018
MAHS Docket No.: 18-006234
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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 July 18, 2018, from Lansing, Michigan. Petitioner personally appeared and testified.

The Department of Health and Human Services (Department) was represented by Eligibility Specialist Shanna Ward. Ms. Ward testified on behalf of the Department. The Department submitted 55 exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

ISSUE

1. Whether Petitioner's appeal of her Food Assistance Program (FAP) case closure was timely?
2. Whether Petitioner timely submitted the requested verifications for her Medicaid redetermination?

FINDINGS OF FACT

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

1. On November 27, 2017, the Department mailed Petitioner a Notice of Case Action informing her that her FAP benefits would close effective January 1, 2018, ongoing. The Notice indicated that the Department must receive Petitioner's

hearing request “on or before 02/26/2018 or [she] will not be granted a hearing.” [Dept. Exh. 10-13].

2. On June 11, 2018, Petitioner submitted a request for hearing contesting the closure of FAP and Medicaid. [Dept. Exh. 3-7].
3. Petitioner’s request for a FAP hearing was dismissed during the hearing because the request was untimely. The request for hearing was due on February 26, 2018. Petitioner submitted the request on June 11, 2018.
4. On April 24, 2018, Petitioner submitted her Medicaid redetermination to the Department. [Dept. Exh. 20-27].
5. On May 31, 2018, the Department mailed Petitioner a Health Care Coverage Determination Notice informing Petitioner that her health coverage would end July 1, 2018 ongoing because she had failed to verify employment. [Dept. Exh. 28-31].
6. On May 31, 2018, the Department mailed Petitioner a Verification Checklist requesting verification of self-employment, due on June 11, 2018. [Dept. Exh. 32-33].
7. On June 4, 2018, the Department mailed Petitioner a second Verification Checklist, requesting proof of her checking account, due June 14, 2018. [Dept. Exh. 34-35].
8. On June 15, 2018, Petitioner submitted a Verification of Assets form and Bank of America account statements. [Dept. Exh. 36-45].
9. On June 19, 2018, the Department mailed Petitioner a Health Care Coverage Determination Notice informing her that she was not eligible for Medicaid as of August 1, 2018, ongoing for failure to timely return verifications. [Dept. Exh. 50-53].
10. On June 20, 2018, the Department mailed Petitioner a third Verification Checklist request verification of self-employment and checking account, due by July 2, 2018. [Dept. Exh. 54-55].
11. During the hearing in the above-captioned matter, Petitioner credibly testified that she submitted the requested verifications on July 16, 2018.

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 Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

The regulations regarding the hearing and appeal process for applicants and recipients of public assistance are in the Michigan Administrative Code, Rule 400.904. Any hearing request which protests a denial, reduction or termination of benefits must be filed within 90 days of the mailing of the negative action notice. R 400.904(4).

The first issue regarding this hearing is the timeliness of Petitioner's FAP hearing request. On November 27, 2017, the Department mailed Petitioner a Notice of Case Action informing her that her FAP benefits were closing effective January 1, 2018, and she had until February 26, 2018, to submit a request contesting the closure. On June 11, 2018, Petitioner requested a hearing contesting the closure of her FAP benefits. Because Petitioner submitted her request for hearing well past the 90-day due date it is not necessary for the Administrative Law Judge to decide the matter that was in dispute. Therefore, Pursuant to Mich Admin R 400.904(4), Petitioner's FAP hearing request is HEREBY DISMISSED, because Petitioner's hearing request was not submitted timely.

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.

Department policy states that clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105, p 9 (1/1/2018). This includes completion of the necessary forms. *Id.* Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. *Id.* Clients must take actions within their ability to obtain verifications. *Id.* at 14.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (4/1/2017). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. *Id.*

The Department uses the Verification Checklist, DHS-3503, to tell the client what verification is required, how to obtain it and the due date. BAM 130, p 3. The client must obtain the required verification, but the Department must assist if they need and request help. *Id.*

A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the Department. BAM 130, p 7. The Department sends a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. *Id.* at 7.

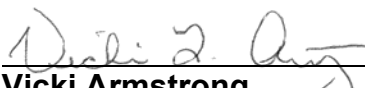
In this case, the Department sent Petitioner three Verification Checklists dated May 31, 2018; June 4, 2018; and June 20, 2018, requesting verification of self-employment and bank accounts. Petitioner failed to timely submit the requested verifications.

As a result, this 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 Petitioner's Medicaid case.

DECISION AND ORDER

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

VLA/hb



Vicki Armstrong
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

Amber Gibson
5303 South Cedar
PO BOX 30088
Lansing, MI 48911

Ingham County, DHHS

BSC2 via electronic mail

M. Holden via electronic mail

D. Sweeney via electronic mail

D. Smith via electronic mail

EQADHShearings via electronic mail

Petitioner

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