



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

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Date Mailed: December 21, 2018
MAHS Docket No.: 18-010904
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: John Markey

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 December 6, 2018, from Lansing, Michigan. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by Candice Benns, Hearings Facilitator. During the hearing, two packets of documents were offered and admitted into evidence. Exhibit A consists of 15 marked pages, and Exhibit 1 consists of 36 marked pages.

ISSUE

Did the Department properly process and deny Petitioner's application for Medicaid (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 ██████████ 2018, Petitioner submitted to the Department an application for MA benefits. Exhibit A, p. 1.
2. On August 28, 2018, the Department issued to Petitioner a Health Care Coverage Supplemental Questionnaire. The document instructed Petitioner to fill out the questionnaire and attach all documents requested therein. Petitioner was given until September 10, 2018 to return to the Department the completed form and requested documents. Exhibit A, pp. 5-8.

3. On August 29, 2018, Petitioner submitted the completed the Health Care Coverage Supplemental Questionnaire to the Department as part of a 36-page packet of documents. Each page of the packet was date stamped by the Department showing that the Department received the submission on August 29, 2018. Exhibit 1, pp. 1-36.
4. On September 28, 2018, the Department issued to Petitioner a Health Care Coverage Supplemental Questionnaire. The document instructed Petitioner to fill out the questionnaire and attach all documents requested therein. Petitioner was given until October 8, 2018 to return to the Department the completed form and requested documents. Upon reviewing the documents, the August 28, 2018 and September 28, 2018 documents were identical except for the issuance and due dates. Exhibit A, pp. 9-12.
5. On October 11, 2018, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that her application for MA coverage was denied because she failed to return the Health Care Coverage Supplemental Questionnaire. Exhibit A, pp. 13-14.
6. On [REDACTED] [REDACTED] Petitioner submitted to the Department a request for hearing objecting to the Department's denial of her MA application. In the request for hearing, Petitioner stated that she "turned in request[ed] paperwork [REDACTED]." Exhibit A, p. 2.

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 submitted an application for MA coverage on [REDACTED] [REDACTED] 2018 and was issued by the Department a Health Care Coverage Supplemental Questionnaire the following day. Petitioner was required to return to the Department the completed questionnaire and all proofs requested therein by September 10, 2018. According to the Department's records, Petitioner did not return anything to the Department by the deadline. In fact, the Department's records reflected that Petitioner did not provide anything to the Department prior to the Department's issuance of the

October 11, 2018 Health Care Coverage Determination Notice denying Petitioner's application for MA coverage.

An incomplete application contains the minimum information required for registering an application. BAM 115 (October 2017), p. 5. However, it does not contain enough information to determine eligibility because all required questions are not answered for the program(s) for which the client is applying BAM 115, p. 5. The DHS-1004, Health Care Coverage Supplemental Questionnaire, is used to gather additional information when the applicant submits what the Department considers an incomplete MA application. BEM 105 (April 2017), p. 3. The Department will deny incomplete application 10 calendar days after the request is made for the client to supply the missing information. BAM 115, p. 6.

In her hearing request and during the hearing, Petitioner disputed the Department's decision to deny her MA application for allegedly failing to respond to the Department's August 28, 2018 Health Care Coverage Supplemental Questionnaire. Petitioner stated in the hearing request that she "turned in request[ed] paperwork [REDACTED]." Her testimony during the hearing was consistent with what she stated on the hearing request. In support of her consistent contentions, Petitioner produced a 36-page packet of documents that included the completed Health Care Coverage Supplemental Questionnaire and copies of documents that were requested by the Department. Each of those 36 pages was date-stamped as received by the Grand River/Warren office of the Department on August 29, 2018.

Because the Department's action was premised on the Department not having received documents that it in fact received, the Department's decision must be reversed. At the hearing, the Department representative conceded that this was the appropriate course of action as Petitioner provided compelling proof that she timely returned exactly what was asked for in the Health Care Coverage Supplemental Questionnaire.

DECISION AND ORDER

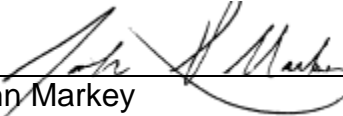
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to act in accordance with Department policy when it denied Petitioner's application for MA benefits. Accordingly, the Department's decision is **REVERSED**.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reprocess Petitioner's MA application from August 28, 2018 taking into consideration the 36 pages of documents Petitioner submitted on August 29, 2018 along with any additional information Petitioner provided;

2. If Petitioner is eligible for MA benefits, issue supplements on her behalf for benefits not previously issued for the period covered by the MA application; and
3. Notify Petitioner in writing of its determination.

JM/nr



John Markey
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

Deborah Little
5131 Grand River Ave.
Detroit, MI
48208

Wayne 49 County DHHS- via electronic
mail

BSC4- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

Petitioner

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