



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: March 28, 2019  
MAHS Docket No.: 19-001129  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**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 March 20, 2019, from Detroit, Michigan. Petitioner appeared and represented herself. Also appearing on Petitioner's behalf was Petitioner's husband, [REDACTED]. The Department of Health and Human Services (Department) was represented by Dionere Craft, Hearings Facilitator. During the hearing, an 18-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-18.

**ISSUE**

Did the Department properly close Petitioner's Medicaid (MA) benefits case, effective February 1, 2019?

**FINDINGS OF FACT**

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

1. Petitioner was an ongoing recipient of MA benefits from the Department.
2. On January 4, 2019, the Department issued to Petitioner a Redetermination in order to gather relevant information regarding Petitioner's ongoing eligibility for MA benefits from the Department. Petitioner was directed to return the completed Redetermination to the Department by February 4, 2019. Exhibit A, pp. 9-16.
3. On January 9, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that her MA benefits case was closing,

effective February 1, 2019, as a result of Petitioner's failure "to verify or allow the department to verify requested information." Exhibit A, pp. 4-7.

4. On January 17, 2019, Petitioner returned to the Department the completed Redetermination. Exhibit A, pp. 9-16.
5. On February 4, 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's closure of her MA benefits case, effective February 1, 2019.

### **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's MA benefits case was closed, effective February 1, 2019, based on the Department's conclusion that Petitioner failed to verify relevant eligibility related information after the Department requested the same. During the hearing, the Department did not present any requests for verification that would be relevant to the decision made in this matter. Rather, the Department witness testified that the Department received notification from an automated system that Petitioner may be receiving benefits from a different state. As evidence of that alleged request, the Department witness pointed to a case comment made by another worker, which stated that "Program(s) closed due to failure to respond to 'PARIS Interstate Match' form DHS-4600."

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. The Department allows the client 10 calendar days to provide the verification that is required. BAM 130, p. 7.

The Department failed to produce the VCL that was allegedly sent to Petitioner and could not provide any information as to its contents, including when it was sent, what verifications were requested, or when the proofs were due. Department policy states that

the Department must tell the client what verification is required and to use the VCL to request information. BEM 130, p. 3. The Department failed to establish that it followed policy when requesting verifications from Petitioner. Therefore, the Department cannot use Petitioner's alleged failure to provide that information as a basis for the denial of benefits. Thus, the Department failed to act in accordance with policy when it closed Petitioner's MA benefits case, effective February 1, 2019, based on Petitioner's failure to provide verifications that were allegedly requested.

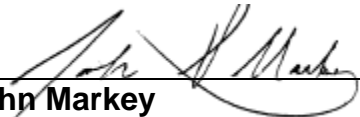
### **DECISION AND ORDER**

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. Reinstate Petitioner's MA benefits case, effective February 1, 2019;
2. Process Petitioner's Redetermination and redetermine Petitioner's MA eligibility going forward;
3. Issue to Petitioner clear requests for verifications of any eligibility related factors that remain unverified; and
4. Notify Petitioner in writing of its decisions.

JM/cg

  
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**John Markey**  
Administrative Law Judge  
for Robert Gordon, Director  
Department of Health and Human Services

