



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

██████████
██████████
██████████ MI ██████████

Date Mailed: June 13, 2019
MOAHR Docket No.: 19-003640
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, telephone hearing was held on May 22, 2019, from Lansing, Michigan. Petitioner represented herself. The Department was represented by Candace Baker.

ISSUE

Did the Department of Health and Human Services (Department) properly determine Petitioner's eligibility for Medical Assistance (MA)?

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, the Department received Petitioner's Redetermination (DHS-1010) form. Exhibit A, pp 13-20.
2. On August 24, 2018, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting verification of an asset by September 4, 2018.
3. On October 17, 2018, the Department notified Petitioner that she was no longer eligible for Medical Assistance (MA) as of November 1, 2019. Exhibit A, pp 22-25.
4. On ██████████ 2018, the Department received Petitioner's assistance application and sent her a Health Care Coverage Supplemental Questionnaire (DHS-1004). Exhibit A, pp 30-33.

5. On November 13, 2018, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting verification of an asset by November 26, 2018. Exhibit A, pp 34-37.
6. On December 7, 2018, the Department notified Petitioner that she was not eligible for Medical Assistance (MA) as of November 1, 2018. Exhibit A, pp 38-43.
7. On January 28, 2019, the Department received Petitioner's Medical Transportation Statement (DHS-4674). Exhibit A, p 44.
8. On February 15, 2018, the Department notified Petitioner that she could not be reimbursed for her medical transportation expenses. Exhibit A, pp 48-49.
9. On [REDACTED] 2019, the Department received Petitioner's assistance application. Exhibit A, pp 6-11.
10. Petitioner receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of [REDACTED]0. Exhibit A, pp 4-5.
11. On April 2, 2018, the Department received Petitioner's request for a hearing. 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.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (January 1, 2019), p 8.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The

Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (April 1, 2017), pp 1-10.

Petitioner's eligibility for ongoing MA benefits was being redetermined in [REDACTED] of 2018, and on [REDACTED], 2018, the Department requested that she provide verification of a countable cash asset by September 4, 2018. On October 17, 2018, the Department had not received verification of the asset, and it notified Petitioner that she was no longer eligible for MA benefits.

While a presumption arises that a letter with a proper address and postage will, when placed in the mail, be delivered by the postal service, this presumption can be rebutted with evidence that the letter was not received. If such evidence is presented, as it was here, then a question of fact arises regarding whether the letter was received. [Citations omitted.] *Goodyear Tire & Rubber Co v Roseville*, 468 Mich 947; 664 NW2d 751 (2003).

In this case, the Department presented substantial evidence that all correspondence and requests for information were sent to both Petitioner and her authorized representative at her current mailing address, and Petitioner failed to rebut the presumption of receipt.

Based on the evidence and testimony available during the hearing, the Department has established that it properly closed Petitioner's MA benefits as of November 1, 2019, for failure to provide the Department with information necessary to determine her eligibility to receive benefits.

Petitioner re-applied for MA benefits, and on November 9, 2018, the Department sent her a Health Care Coverage Supplemental Questionnaire (DHS-1004) to her address of record. When that form was not returned in a timely manner, the Department denied Petitioner's application for MA benefits.

The Department has established that it properly denied Petitioner's November of 2018 application for MA benefits.

On January 28, 2019, the Department received Petitioner's Medical Transportation Statement (DHS-4674). The Department was unable to process this form or reimburse Petitioner for medical transportation expenses because she was not an active MA recipient. On February 15, 2018, the Department notified Petitioner that she could not be reimbursed for her transportation expenses because she was not a MA recipient.

On April 2, 2019, the Department received another application for MA along with her request for a hearing. As of the date the Department received Petitioner's request for a hearing, no action had been taken on the assistance application received by the

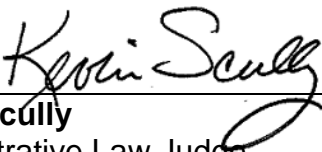
Department on the same day. Therefore, there has been no action taken on that application entitled Petitioner to a hearing with respect to the [REDACTED] 2019, application.

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 determined Petitioner's eligibility for Medical Assistance (MA).

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/dh



Kevin Scully
Administrative Law Judge
for Robert Gordon, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

DHHS

Sarina Baber
22 Center Street
Ypsilanti, MI 48198

Washtenaw County, DHHS

BSC4 via electronic mail

EQAD via electronic mail

D. Smith via electronic mail

Petitioner

██████████
██████████
██████████ MI ██████████