



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]  
Date Mailed: July 26, 2019  
MOAHR Docket No.: 19-005083  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun**

**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 26, 2019, from Detroit, Michigan. Petitioner appeared for the hearing with his wife [REDACTED] and his son, [REDACTED] who also served as [REDACTED] interpreter. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Coordinator.

**ISSUE**

Did the Department properly close Petitioner's Medical Assistance (MA) case?

**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 and his household were ongoing recipients of MA benefits.
2. On February 21, 2019, the Department sent Petitioner a Wage Match Client Notice (Wage Match) which instructed him to have the form completed by the employer and returned to the Department by March 25, 2019. The Department had obtained information that Petitioner's wife had gained employment with [REDACTED] and had quarterly earnings of [REDACTED]. (Exhibit A, pp. 5-7)
3. On March 1, 2019, Petitioner returned the Wage Match to the Department, however, the form was blank and unsigned. There were also no pay stubs submitted with the incomplete form. (Exhibit A, pp. 10-11)

4. On April 23, 2019, the Department sent Petitioner a second Wage Match, which instructed him to have the form completed by Mrs. [REDACTED] employer ([REDACTED] [REDACTED]) and returned to the Department by May 23, 2019 in order to verify the additional \$[REDACTED] in quarterly income that was discovered. (Exhibit A, pp. 12-13)
5. On April 25, 2019, the Department sent Petitioner a Health Care Coverage Determination Notice informing him that effective June 1, 2019, the MA case would be closed on the basis that there was a failure to verify requested information, specifically the information requested via Wage Match. (Exhibit A, pp. 7-9)
6. On May 7, 2019, Petitioner returned the second Wage Match to the Department, however, again the form was blank and unsigned. There were also no pay stubs submitted with the incomplete form. (Exhibit A, pp. 12-13)
7. On May 10, 2019, Petitioner requested a hearing disputing the Department's actions with respect to the MA case.

### **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 routinely matches recipient employment data with the Michigan Talent Investment Agency (TIA) and Unemployment Insurance Agency (UIA) through computer data exchange processes. These data exchanges assist in the identification of potential current and past employment income. The Department submits client Social Security Numbers to TIA quarterly to be cross matched with the work history records submitted by Michigan employers, the information of which is compared to a client's gross earnings record in Bridges. BAM 802 (July 2018), p. 1. When there is a discrepancy between the wage match information and the client's work history stated on an application or other information in the client's case record, the Department must request verification from the client by sending a DHS-4638 Wage Match Client Notice (Wage Match), giving a client 30 days to provide the verification requested. BAM 802, pp. 1-2. If verifications are not returned by the 30th day, case action will need to be initiated in order to close the case. If the client reapplies, the date the client reapplies determines if

the wage match notification must be returned before processing the new application. BAM 802, pp.1-3.

At the hearing, the Department testified that because the Wage Match forms submitted by Petitioner were blank, they were determined to be incomplete and thus, the Department sent Petitioner the Health Care Coverage Determination Notice advising of the MA case closure effective June 1, 2019, as there was a failure to verify earnings. Petitioner confirmed receiving the Wage Match but testified that because he does not speak or read English, he did not understand that the form was required to be completed by the employer and returned with paystubs. Petitioner stated that he asked a friend for assistance with translating the Wage Match document and was informed that he was not required to fill the form out, so he returned it to the Department blank. Although there is a clear language barrier, there was no evidence that Petitioner requested assistance from the Department to better understand the instructions on the Wage Match or that Petitioner had previously advised the Department of the language barrier or otherwise requested that he receive documents and forms from the Department in [REDACTED].

Therefore, upon review, because the Department did not receive a completed Wage Match from Petitioner by the due dates, the Department properly closed Petitioner's MA case. There was some testimony from the Department representative that after receiving Petitioner's hearing request, the case worker was able to verify the earnings through the Work Number and subsequently reinstated the MA case and issued a notice of approval. (Exhibit B)

Petitioner is advised that should he or his group members receive a notice of case closure or similar negative action, they are entitled to request a new hearing. Additionally, Petitioner is informed that in the event the Department did not in fact reinstate the MA case he is entitled to submit a new application for MA benefits.

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 with respect to Petitioner's MA case.

### **DECISION AND ORDER**

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



ZB/tlf

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**Zainab A. Baydoun**  
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

**Via Email:**

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

**Petitioner – Via First-Class Mail:**

[REDACTED]  
[REDACTED]  
[REDACTED]