



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], MI [REDACTED]

Date Mailed: October 1, 2019  
MOAHR Docket No.: 19-009348  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Jeffrey Kemm

### **HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on September 26, 2019, from Lansing, Michigan. Petitioner, [REDACTED] appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Brian Roedema, Assistance Payments Supervisor, appear on its behalf. The Department had one witness: Alicia Whitfield, Assistance Payments Worker.

One exhibit was admitted into evidence during the hearing. A 40-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

### **ISSUE**

Did the Department properly deny Petitioner's request 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 [REDACTED] 2019, Petitioner applied for assistance from the Department, including MA.
2. On July 12, 2019, the Department mailed a health care coverage supplemental questionnaire to Petitioner to obtain information to review her eligibility for MA. The Department also mailed a verification checklist to Petitioner to obtain verification of assets to determine her eligibility for MA. The verification checklist instructed Petitioner to provide proof of her whole life insurance policy, her

checking account, and her savings account. The verification checklist advised Petitioner that the proof was due by July 22, 2019.

3. On July 22, 2019, Petitioner provided proof of for her bank accounts at [REDACTED] and [REDACTED]. Petitioner did not provide any proof for a whole life insurance policy because she did not have one at the time.
4. On July 24, 2019, the Department issued a health care coverage determination notice which notified Petitioner that she was not eligible for MA effective July 1, 2019, because she failed to provide requested verification.
5. On [REDACTED] [REDACTED] [REDACTED] Petitioner filed a hearing request to dispute the Department's decision.

### **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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Petitioner is disputing the Department's decision to find her ineligible for MA due to her failure to provide requested verification. The Department must tell a client what verification is required, how to obtain it, and the due date. BAM 130 (April 1, 2017), p. 3. The Department must allow the client 10 calendar days to provide requested verification. *Id.* at 8. The client must obtain the verification, but the local office must assist if the client needs it and asks for help. *Id.* If the client cannot provide verification despite a reasonable effort, the Department must extend the due date up to two times. *Id.* Verifications are only considered timely if they are received by the due date. *Id.* The Department must send a Negative Action Notice when the due date lapses or the client has refused to provide the verification. *Id.*

The Department sent Petitioner a verification checklist which instructed Petitioner what verification was required, how to obtain it, and the due date. The Department's verification checklist did not specify which banks it wanted statements from. Petitioner provided all the documents that she reasonably believed were required of her, and Petitioner provided them by the due date.

The Department did not act in accordance with its policies and the applicable law when it denied Petitioner's request for MA. Pursuant to the Department's policy, the Department should have granted an extension if it determined that Petitioner was making a good faith effort to provide the requested documents. *Id.* Petitioner demonstrated that she was making a good faith effort when she provided all the documents that she reasonably believed were required of her. However, the Department did not offer Petitioner an extension before it denied her request.

The Department's decision to deny Petitioner's request for MA must be reversed. The Department must assist Petitioner in obtaining the information the Department requires, and then the Department must determine whether Petitioner is eligible for the MA she requested.

### **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 did not act in accordance with its policies and the applicable law when it found Petitioner ineligible for MA.

IT IS ORDERED the Department's decision is **REVERSED**. The Department shall begin to implement this decision within 10 days.

JK/nr



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Jeffrey Kemm  
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**

Kimberly Kornoelje  
121 Franklin SE  
Grand Rapids, MI  
49507

Kent County DHHS- via electronic mail

BSC3- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

**Petitioner**

 MI