



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]
[REDACTED]

Date Mailed: July 19, 2019
MOAHR Docket No.: 19-004786
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 June 20, 2019, from Detroit, Michigan. Petitioner was represented by [REDACTED], Authorized Hearing Representative. The Department of Health and Human Services (Department) was represented by Nikai Williams, Assistance Payments Worker, and Rene Colvin, Assistance Payments Supervisor. During the hearing, a 43-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-43.

ISSUE

Did the Department properly determine that Petitioner was not eligible for Medicaid (MA) benefits under the Extended-Care (EC) category for the month of November 2018?

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 submitted to the Department an application for MA benefits under the EC category. Petitioner requested prospective coverage and retroactive coverage going back to November 2018. Petitioner turned in financial information along with the application. Exhibit A, pp. 6-16.
2. On March 5, 2019, the Department issued to Petitioner a Verification Checklist requiring Petitioner to provide verifications, in relevant part, related to Petitioner's

checking and savings accounts at [REDACTED] for the month of November 2018. The proofs were due by March 15, 2019. Exhibit A, pp. 21-26.

3. On March 15, 2019, the Department sent out another Verification Checklist requesting the same information from the same accounts for November 2018. The proofs were due by March 25, 2019. Exhibit A, pp. 27-28.
4. On March 20, 2019, the Department issued to Petitioner another Verification Checklist requesting the same information. The proofs were due by April 5, 2019. Exhibit A, pp. 37-38.
5. On April 8, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that her application for retroactive MA benefits was denied for the month of November 2018 because Petitioner failed to return verifications related to her [REDACTED] accounts for that month.
6. On [REDACTED], 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's determination of her MA eligibility for the month of November 2018.

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 to the Department an application for, amongst other things, retroactive MA benefits under the EC category going back to November 2018. Shortly after receiving the application, the Department issued to Petitioner a Verification Checklist requesting Petitioner verify assets held in two accounts at [REDACTED]. Petitioner was directed to provide statements for each of the retroactive months to show the balance of the accounts. After being given numerous extensions, Petitioner's application was denied with respect to November 2018 coverage due to failure to provide the required information.

To be eligible for MA under the EC category, a client must have countable assets below the threshold applicable to each program. BEM 164 (April 2017), p. 2. Asset eligibility

exists when the group's countable assets are less than, or equal to, the applicable asset limit at least one day during the month being tested. BEM 400 (October 2018), p. 7. Verification of eligibility-related factors are usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, 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 (or other time limit specified in policy) to provide the verification that is required. BAM 130, p. 7. Verifications are considered to be timely if received by the date they are due. BAM 130, p. 7. For electronically transmitted verifications (fax, email or MI Bridges document upload), the date of the transmission is the receipt date. BAM 130, p. 7. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a Department representative are considered to be received the next business day. BAM 130, p. 7. The Department sends a negative action notice when: the client indicates a refusal to provide a verification OR the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p. 7.

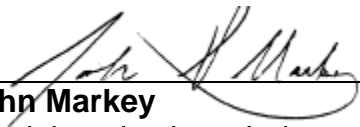
The Department requested verifications related to Petitioner's Chase accounts for the month of November 2018 at least three times. At no point did Petitioner provide those requested documents. Without those documents, it was impossible for the Department to determine whether Petitioner was asset-eligible at any point during that month. The time period to gather those documents was extended no fewer than two times, yet Petitioner's efforts to obtain those documents were not sufficient even with the extended time allowed. It is found that the Department properly denied the application with respect to November 2018.

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 denied Petitioner's application for MA benefits for the month of November 2018 based on Petitioner's failure to provide verifications related to her accounts at Chase for that month.

DECISION AND ORDER

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

JM/cg



John Markey
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:

MDHHS-Wayne-82-Hearings
D. Smith
EQAD
BSC4- Hearing Decisions
MOAHR

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

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

**Authorized Hearing Rep. –
Via First-Class Mail:**

[REDACTED]
[REDACTED]
[REDACTED]