GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR



Date Mailed: February 13, 2020 MOAHR Docket No.: 20-000197

Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Amanda M. T. Marler

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 February 12, 2020 from Michigan. The Petitioner was self-represented. The Department of Health and Human Services (Department) was represented by Karen Smalls, Assistance Payments Supervisor.

ISSUE

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

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 MA recipient.
- 2. On October 23, 2019, the Department issued a Wage Match Client Notice to Petitioner requesting proof of her employment income from (Employer 1).
- 3. On November 25, 2019, the Department received the completed Wage Match Client Notice from Petitioner signed by a Human Resources representative from Employer 1.

- 4. On December 4, 2019, the Department issued a Wage Match Client Notice to Petitioner for (Employer 2) with a due date of January 3, 2020.
- 5. On December 23, 2019, the Department issued a Health Care Coverage Determination Notice (HCCDN) to Petitioner informing her that her MA benefits were closing effective January 1, 2020 because the Wage Match Client Notice had not been returned for Employer 2.
- 6. On January 3, 2020, the Department received Petitioner's request for hearing disputing the Department's closure of her MA benefits.

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 disputes the closure of her MA benefits for failure to return the completed Wage Match Client Notice. The Department matches employment data with the Talent Investment Agency and Unemployment Insurance Agency through computer data exchanges. BAM 802 (July 2018), p. 1. The case records from the Department are matched based upon social security numbers with the other agencies' employer reported information. *Id.* When a discrepancy arises between client reported and employer reported earnings, the Department is required to request verification of the client's earnings by generating a DHS-4638 Wage Match Client Notice. BEM 802, p. 2. Clients are automatically given 30 days to respond. *Id.* If a client fails to provide the verifications by the 30th day, the case is closed. *Id.*

The Department issued the Wage Match Client Notice to Petitioner for Employer 2 on December 4, 2019. No evidence was presented of an earlier Wage Match Client Notice for Employer 2. Therefore, Petitioner should have been given 30 days to respond to the notice, or until January 3, 2020. Instead the Department only provided Petitioner with 19 days to provide the requested verification before it closed her case for failure to

respond to the Wage Match. The Department's actions were not in accordance with Department policy and closure of her case was inappropriate based upon this issue.

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 Department policy when it closed Petitioner's MA benefits for failure to respond to the Wage Match Client Notice for Employer 2.

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 and redetermine Petitioner's eligibility for MA benefits effective January 1, 2020 providing Petitioner the opportunity to verify her employment with Employer 2;
- 2. If otherwise eligible, issue supplements to Petitioner or on her behalf for benefits not previously received; and,
- 3. Notify Petitioner in writing of its decision.

AMTM/jaf

Amanda M. T. Marler 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	Linda Gooden	
	MDHHS-	-Hearings
	BSC4	<u> </u>
	D Smith	
	EQAD	
Petitioner		
	N	ЛI