



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED], MI [REDACTED]

Date Mailed: March 6, 2020  
MOAHR Docket No.: 20-000522  
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 March 5, 2020, from Lansing, Michigan. Petitioner, [REDACTED], appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Silvester Williams, Assistance Payments Supervisor, appear as its representative. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 16-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

### **ISSUE**

Did the Department properly close Petitioner's Medical Assistance (MA) effective December 1, 2019, for failing to provide verification as instructed?

### **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 received MA from the Department through the Medicare Savings Program (MSP).
2. On September 4, 2019, the Department mailed a redetermination form to Petitioner to obtain information to review her eligibility for assistance. The Department instructed Petitioner to complete it and return it to the Department by October 4, 2019.

3. On October 4, 2019, the Department received a completed redetermination form from Petitioner.
4. On October 7, 2019, the Department mailed a verification checklist to Petitioner to obtain verification of her bank account balances in her checking and savings accounts. The Department instructed Petitioner to provide a current bank statement for each of her accounts to the Department by October 17, 2019.
5. On October 22, 2019, the Department received two ATM receipts from Petitioner. The ATM receipts showed account balances, but they did not have Petitioner's name on them.
6. On October 22, 2019, the Department mailed a health care coverage determination notice to Petitioner to notify her that her MA was going to close effective December 1, 2019, because she did not provide verification as instructed.
7. On January 15, 2020, Petitioner requested a hearing 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.

In this case, Petitioner is disputing the Department's decision to close Petitioner's MA effective December 1, 2019, for failing to provide verification as instructed. The Department closed Petitioner's MA after Petitioner failed to provide current bank statements for her bank accounts by October 17, 2019.

Verification is usually required by the Department at redetermination. BAM 130 (April 1, 2017), p. 1. The Department must tell a client what verification is required, how to obtain it, and the due date. *Id.* at 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.* at 8. 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. It was Petitioner's responsibility to obtain the requested verification and to make sure the Department received it by the due date. Petitioner failed to provide the requested verification by the due date. Although Petitioner provided a response, it was both late and deficient. The Department properly closed Petitioner's MA.

### **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 act in accordance with its policies and the applicable law when it closed Petitioner's MA effective December 1, 2019, for failing to provide verification as instructed

IT IS ORDERED the Department's decision is AFFIRMED.

JK/ml



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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**

Oakland (District 3) County DHHS – Via  
Electronic Mail

D. Smith – Via Electronic Mail

EQAD – Via Electronic Mail

**Petitioner**

██████████ – Via First Class Mail

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