



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: August 19, 2020
MOAHR Docket No.: 20-004163
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 July 23, 2020, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Yvette Bishop-Turnbull, Family Independence Manager and Hayat Ali, Eligibility Specialist.

ISSUE

Did the Department properly close Petitioner's Medical Assistance (MA) case because she failed to provide the required verification to determine continued eligibility?

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 a recipient of MA with a redetermination due.
2. On February 3, 2020, the Department Caseworker sent Petitioner a Verification Checklist, DHS-3503, that was due on February 13, 2020, for additional verification required to determine continued eligibility for MA. Department Exhibit 1, pgs. 4-5.
3. On February 12, 2020, Petitioner submitted an invalid verification because it did not have Petitioner's name on it. Department Exhibit 1, pg. 6.
4. On March 4, 2020, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, effective April 1, 2020, due to failure

to provide required verification needed to determine continued eligibility. Department Exhibit 1, pgs. 7-10.

5. On [REDACTED] [REDACTED] 2020, the Department received a hearing request from Petitioner, contesting the Department's negative action.
6. On March 23, 2020, Petitioner's MA was reinstated due to the pandemic.

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 was a recipient of MA with a redetermination due. On February 3, 2020, the Department Caseworker sent Petitioner a Verification Checklist, DHS-3503, that was due on February 13, 2020, for additional verification required to determine continued eligibility for MA. Department Exhibit 1, pgs. 4-5. On February 12, 2020, Petitioner submitted an invalid verification because it did not have Petitioner's name on it. Department Exhibit 1, pg. 6. On March 4, 2020, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, effective April 1, 2020, due to failure to provide required verification needed to determine continued eligibility. Department Exhibit 1, pgs. 7-10. On [REDACTED] [REDACTED] 2020, the Department received a hearing request from Petitioner, contesting the Department's negative action. On March 23, 2020, Petitioner's MA was reinstated due to the pandemic. BEM 400, 504, and 600.

Petitioner's verification from her bank did not have her name on it. She did turn it in a day before the due date. The Department Caseworker should have called or emailed or even sent a Quick Note, DHS-100 that the verification submitted was insufficient to give her an opportunity to send in a correct verification. Petitioner's MA case was reopened because of the pandemic. She has had no lost of MA benefits, but her case will close once the pandemic is over without the required verification to determine continued eligibility. Petitioner stated that she will submit the required verification to determine continued MA eligibility.

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 acted in accordance with Department policy when it closed Petitioner's MA case because she failed to submit her bank statement with her name on it and continued MA eligibility could not be determined.

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

CF/hb



Carmen G. Fahie
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

Washtenaw County via electronic mail

BSC4 via electronic mail

D. Smith via electronic mail

EQADHShearings via electronic mail

Petitioner

[REDACTED]
[REDACTED], MI [REDACTED]