



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED], MI [REDACTED]

Date Mailed: August 13, 2020  
MOAHR Docket No.: 20-004783  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Jeffrey Kemm

### **HEARING DECISION**

On May 7, 2020, Petitioner, [REDACTED], requested a hearing to dispute a Medical Assistance (MA) application denial. This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on August 13, 2020. Petitioner appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Jennifer Depoy, Eligibility Specialist Lead Worker, appear as its representative. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 26-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 Medical Assistance (MA) application on April 21, 2020, for failing to provide information 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. On [REDACTED], 2020, Petitioner applied for MA from the Department.
2. On April 9, 2020, the Department mailed a Health Care Coverage Supplemental Questionnaire to Petitioner with instructions for Petitioner to complete the questionnaire, provide requested documentation, and return it to the Department by April 20, 2020. The Health Care Coverage Supplemental Questionnaire

advised Petitioner that her application for MA may be denied if she did not return it to the Department as instructed.

3. The Department did not receive the completed questionnaire from Petitioner.
4. On April 21, 2020, the Department mailed a Health Care Coverage Determination Notice to Petitioner to notify her that her application for MA was denied because she did not provide information as instructed.
5. On May 7, 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 deny Petitioner's April 9, 2020, MA application for failing to provide information as instructed.

Verification is usually required by the Department at the time of application. 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 questionnaire 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. Based on the evidence presented, the Department did not receive the requested verification by the due date. Thus, I must find that Petitioner failed to provide the requested verification by the due date. Therefore, the Department properly denied Petitioner's application for 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 denied Petitioner's Medical Assistance (MA) application on April 21, 2020, for failing to provide information 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**

Tamara Little  
Jackson County DHHS – via electronic  
mail

BSC4 – via electronic mail

D. Smith – via electronic mail

**Petitioner**

██████████ – via first class mail  
██████████ MI ██████████