



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: February 2, 2018  
MAHS Docket No.: 17-016063  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Ellen McLemore**

**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 January 22, 2018, from Detroit, Michigan. Petitioner was present and represented himself. The Department of Health and Human Services (Department) was represented by Patty Marx, Family Independence Manager.

**ISSUE**

Did the Department properly determine Petitioner's Medical Assistance (MA) 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 an ongoing recipient of MA benefits under the full-coverage Health Michigan Plan (HMP).
2. On September 6, 2017, Petitioner submitted a redetermination (Exhibit A) for his MA benefit case under which he was receiving HMP coverage under case number: 12324550 (case #1).
3. On [REDACTED], 2017, Petitioner submitted an application for MA benefits (Exhibit B) and it was processed under case number: [REDACTED] (case #2).
4. On November 13, 2017, the Department sent Petitioner a DHS-1004 Health Care Coverage Supplemental Questionnaire related to case #2 (Exhibit D).

5. On November 28, 2017, the Department sent Petitioner a Health Care Coverage Determination Notice informing him that he was not eligible for MA benefits effective November 1, 2017, ongoing, under case #2, for his failure to complete the supplemental questionnaire (Exhibit B).
6. Effective November 1, 2017, ongoing, Petitioner's MA benefit case #1 was also closed, however, no notice was sent.
7. On December 4, 2017, Petitioner submitted a request for hearing disputing 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 (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 receiving full-coverage MA benefits under the HMP program under case #1. Petitioner completed a redetermination related to case #1 on September 6, 2017. Petitioner submitted an application for MA benefits on [REDACTED] 2017, and it was processed under case #2. On November 13, 2017, the Department sent Petitioner a Health Care Coverage Supplemental Questionnaire with a due date of November 27, 2017. On November 28, 2017, the Department sent Petitioner a Health Care Coverage Determination Notice informing him that that he was ineligible for MA benefits effective November 1, 2017, ongoing, for his failure to return the supplemental questionnaire.

An incomplete application contains the minimum information required for registering an application. BAM 115 (October 2017), p. 5. However, it does not contain enough information to determine eligibility because all required questions are not answered for the program(s) for which the client is applying BAM 115, p. 5. The DHS-1004, Health Care Coverage Supplemental Questionnaire, is used to gather additional information when the applicant indicates a disability on an MA application. BEM 105 (April 2017), p. 3. The Department will deny an incomplete application 10 calendar days after the request is made for the client to supply the missing information. BAM 115, p. 6.

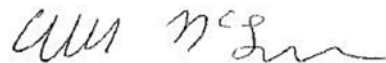
The Department testified that Petitioner did not return the supplemental questionnaire by the due date of November 27, 2017. Petitioner acknowledged he did not return the form by its due date. The Department also testified that Petitioner was found ineligible for MA benefits under case #1 effective November 1, 2017, ongoing, but a notice was not sent. The Department was unsure if case #1 was closed due to income ineligibility or because Petitioner was found to be ineligible pursuant to case #2.

Petitioner failed to respond to the Department's request for the missing information. Therefore, the Department acted in accordance with policy when it denied Petitioner's application and determined he was ineligible for MA benefits effective November 1, 2017, ongoing. It is unusual that Petitioner had two separate active cases at one time. However, it is not possible to be eligible for MA benefits under one case and ineligible for benefits under another case. As Petitioner was found to be ineligible for MA benefits under case #2, the Department had justification to close case #1.

### **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 determined Petitioner was ineligible for MA benefits. Accordingly, the Department's decision is **AFFIRMED**.

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**Ellen McLemore**  
Administrative Law Judge  
for Nick Lyon, 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 Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS 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. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**Via Email:**

MDHHS-Manistee-Hearings  
M. Best  
EQAD  
BSC1- Hearing Decisions  
MAHS

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

