



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: March 1, 2018
MAHS Docket No.: 17-016595
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 February 20, 2018, from Detroit, Michigan. Petitioner was present with her sister, [REDACTED]. The Department of Health and Human Services (Department) was represented by Pamela Herman, Hearing Facilitator.

ISSUE

Did the Department properly deny Petitioner's application for Medical Assistance (MA) 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. On [REDACTED], 2017, Petitioner submitted an application for MA benefits (Exhibit A).
2. On October 3, 2017, the Department sent Petitioner a Verification Checklist (VCL) requesting verification of Petitioner's assets (Exhibit B).
3. On November 1, 2017, Petitioner emailed a statement from her prepaid Paypal debit card account (Exhibit C).
4. On November 6, 2017, Petitioner submitted a scanned copy of her Paypal debit card (Exhibit D).

5. On November 7, 2017, the Department sent Petitioner a Health Care Coverage Determination Notice informing Petitioner her application for MA benefits was denied.
6. On December 21, 2017, Petitioner submitted a request for hearing disputing the Department's actions.

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 submitted an application for MA benefits on [REDACTED], 2017. On October 3, 2017, the Department sent Petitioner a VCL requesting verification of her assets. Proofs were due on October 13, 2017.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. For MA cases, the Department allows the client 10 calendar days (or other time limit specified in policy) to provide the verification that is required. BAM 130 (April 2017), p. 7. If the client cannot provide the verification despite a reasonable effort, the Department will extend the time limit up to two times. BAM 130, p. 8. The Department sends a negative action notice when: the client indicates a refusal to provide a verification OR the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p. 7. Acceptable verification for a checking or savings account includes: (i) telephone contact with the financial institution (ii) written statement from the financial institution; or (iii) a monthly statement. BEM 400 (July 2017), pp. 60-62.

On November 1, 2017, Petitioner emailed the Department a copy of her prepaid Paypal debit card statement. The statement did not have the name of the banking institution or the account number. On November 6, 2017, Petitioner provided a scanned copy of her Paypal debit card but did not submit a corresponding statement. The Department considered the documentation submitted by Petitioner as insufficient to verify

Petitioner's Paypal account, as there was not enough information to verify the assets in the Paypal account.

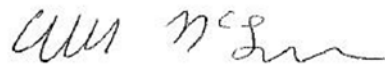
On November 7, 2017, the Department sent Petitioner a Health Care Coverage Determination Notice informing her that her MA application was denied for her failure to submit all required verifications. The notice specifically advised Petitioner that the statement she submitted for her Paypal card did not contain the account number. Petitioner was also advised that if she submitted a proper statement by November 21, 2017, she could still potentially obtain MA benefits. Petitioner never submitted the requested verification of the Paypal account.

Petitioner was specifically notified that the verification she submitted for her Paypal account was insufficient. Petitioner was provided an additional 14 days to submit the proper verification. However, Petitioner failed to submit the required verification of her Paypal account. Therefore, the Department acted in accordance with policy when it denied her application for MA benefits.

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 denied Petitioner's application for MA benefits. Accordingly, the Department's decision is **AFFIRMED**.

EM/cg



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-Calhoun-21-Hearings
M. Best
EQAD
BSC3-Hearings
MAHS

Petitioner – Via First-Class Mail:

