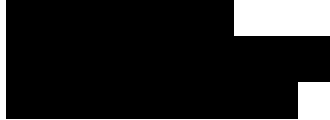




RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR



Date Mailed: April 20, 2018
MAHS Docket No.: 18-002270
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 April 18, 2018, from Detroit, Michigan. Petitioner was present and represented himself. The Department of Health and Human Services (Department) was represented by Candice Benns, Hearing Facilitator and Rita Edwards, Eligibility Specialist.

ISSUE

Did the Department properly close Petitioner's Medicare Savings Program (MSP) benefit case?

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 MA recipient under the Ad-Care program and recipient of full-coverage MSP benefits.
2. On December 12, 2017, the Department sent Petitioner a Verification Checklist (VCL) requesting verification of his assets.
3. On January 9, 2018, the Department sent Petitioner a Health Care Coverage Determination Notice informing Petitioner that his MA and MSP benefits were closing effective January 1, 2018, ongoing.
4. On [REDACTED] 2018, Petitioner reapplied for MA and MSP benefits.

5. On February 20, 2018, the Department sent Petitioner a Health Care Coverage Determination Notice informing him that his application had been denied.
6. On February 26, 2018, Petitioner submitted a request for hearing.
7. On March 5, 2018, the Department sent Petitioner a Health Care Coverage Determination Notice informing Petitioner that he was eligible for full-coverage MA benefits effective January 1, 2018, ongoing and for full-coverage MSP benefits for February 1, 2018, ongoing.

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 requested a hearing, in part, to dispute the Department's decision to deny his application for MSP and MA benefits. However, after the request for hearing, the Department issued a notice informing Petitioner that his application had been approved and that he was eligible for full-coverage MA benefits effective January 1, 2018, ongoing and full-coverage MSP benefits effective February 1, 2018, ongoing. Petitioner also argued that he reapplied for MA and MSP benefits because his previous case had been improperly closed. Petitioner's MA and MSP benefit cases had been closed effective January 1, 2018, ongoing as a result of the January 9, 2018 notice. Petitioner experienced no lapse in MA benefit coverage. Therefore, the issue is moot and will not be addressed. However, Petitioner did experience a lapse in coverage of his MSP benefits for January 2018 as a result of the benefit closure. As such, the matter will be addressed.

On December 12, 2017, the Department sent Petitioner a VCL requesting verification of his assets. The Department was unsure as to why verifications were requested from Petitioner, but Petitioner testified that he had recently reported a change. Proofs were due December 26, 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.

The Department testified that Petitioner did not submit verification of his assets by the due date. As a result, the Department issued the Health Care Coverage Determination Notice on January 9, 2018 informing Petitioner that his MSP benefit case was closing effective January 1, 2018.

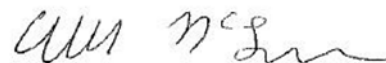
Petitioner testified that he received the VCL requesting verification of his assets. Petitioner confirmed that he did not submit the verifications prior to December 26, 2017. Petitioner stated he did not receive the VCL until several days before December 26, 2017. Petitioner testified that he did not have time to retrieve the necessary documents by December 26, 2017. Petitioner stated he did not inform his worker of the situation or request an extension.

Petitioner did not submit the required verification by the requisite due date. Petitioner would have been entitled to two extensions, but he stated he never informed his worker he was unable to timely provide the documents. Therefore, the Department acted in accordance with policy when it closed Petitioner's MSP benefit case.

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 close Petitioner's MSP benefit case. 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-Wayne-49-Hearings
M. Best
EQAD
BSC4- Hearing Decisions
MAHS

Petitioner – Via First-Class Mail:

