



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: December 20, 2019  
MOAHR Docket No.: 19-011546  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: John Markey**

**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 December 9, 2019 from Detroit, Michigan. Petitioner appeared and represented himself. The Department of Health and Human Services (Department) was represented by Valarie Foley, Hearings Facilitator. During the hearing, a 16-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-16.

**ISSUE**

Did the Department properly close the Medicaid (MA) benefits cases of Petitioner and his family, effective November 1, 2019?

**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 and his family were ongoing recipient of MA benefits from the Department.
2. On July 22, 2019, Petitioner began working for [REDACTED] ([REDACTED]). He received his first paycheck on or about August 1, 2019. Exhibit A, pp. 5-6; 9-12.
3. On September 11, 2019, the Department issued to Petitioner a New Hire Client Notice. Petitioner was instructed to fill out the form and return it to the Department. Petitioner was told to return paycheck stubs with the form in order to document and verify his earnings. Exhibit A, pp. 5-6.

4. The Department received the partially completed form on September 23, 2019. Notably, no paycheck stubs were attached to demonstrate earnings. Exhibit A, pp. 5-6.
5. On September 30, 2019, the Department issued to Petitioner a Verification Checklist requesting documentation concerning Petitioner's income from his employment with [REDACTED]. Petitioner was told to provide the requested proofs by October 10, 2019. Exhibit A, pp. 7-8.
6. On September 30, 2019, the Department issued to [REDACTED] a Verification of Employment form requesting information concerning Petitioner's employment with [REDACTED]. Notably, the document requested wage information. [REDACTED] was instructed to complete the form and return it to the Department by October 10, 2019. Exhibit A, pp. 9-12.
7. [REDACTED] returned the form to the Department on October 7, 2019. Notably, no wage information was provided. Exhibit A, pp. 9-12.
8. On October 11, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that his family's MA benefits case was closing, effective November 1, 2019. Exhibit A, pp. 13-16.
9. On [REDACTED] 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's closure of his family's MA benefits case.

### **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 objects to the Department's closure of his family's MA benefits case, effective November 1, 2019. The Department closed the case because Petitioner failed to provide requested information related to his income, despite multiple requests. At no point did Petitioner or his employer provide the clearly requested information concerning Petitioner's wage history with [REDACTED].

Department policy requires clients to cooperate with the local office in determining initial and ongoing eligibility, and this includes the completion of necessary forms like verifications related to starting or stopping employment. BAM 105 (January 2019), p. 9. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a change affecting eligibility or benefit level or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130 (April 2017), p. 1. Verifications are considered timely if received by the date they are due. BAM 130, p. 7. The Department sends a negative case action when either (1) the client indicates a refusal to provide the verification or (2) the time period has elapsed and the client has not made a reasonable effort to provide the verification. BAM 130, p. 7.

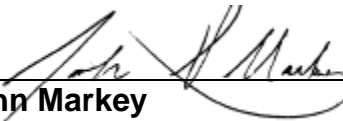
The Department clearly requested the wage information from Petitioner at least twice in the month prior to issuing the negative action notice in this case. Petitioner's responses to those inquiries were woefully deficient and did not constitute a good faith effort to comply therewith. The Department properly issued the October 11, 2019 Health Care Coverage Determination Notice after Petitioner failed to timely provide the required verifications with respect to his new employment as Petitioner had not provided the required verifications nor had he made a reasonable effort to do so by the deadline.

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 the MA cases of Petitioner and his family members, effective November 1, 2019.

### **DECISION AND ORDER**

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

JM/tm

  
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**John Markey**  
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**

Susan Noel  
26355 Michigan Ave  
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48141

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

cc: ME—D. Smith; EQADHShearings  
AP Specialist-Wayne County