



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR



Date Mailed: January 13, 2020  
MOAHR Docket No.: 19-012568  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Amanda M. T. Marler**

### **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 8, 2020 from Detroit, Michigan. The Petitioner was self-represented. The Department of Health and Human Services (Department) was represented by Valarie Foley, Hearings Facilitator.

### **ISSUE**

Did the Department properly close Petitioner's daughter's Medical Assistance (MA) Program 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. Petitioner's daughter was an ongoing MA Healthy Michigan Plan (HMP) recipient.
2. Petitioner has been a client of the Department since at least 2017.
3. On July 23, 2019, the Department issued two Wage Match Client Notices to Petitioner for his daughter's employment with [REDACTED] (Employer 1) and [REDACTED] (Employer 2).

4. On August 13, 2019, the Department received partially completed copies of both Wage Match Client Notices (page three with the Employer's signature was missing from each) and two pay stubs for Employer 2.
5. Since 2017, Petitioner has received Wage Match Client Notices for other employers and has had each form properly completed and returned to the Department.
6. On October 9, 2019, the Department issued a Health Care Coverage Determination Notice (HCCDN) to Petitioner informing him that effective November 1, 2019, his daughter was no longer eligible for MA benefits because she failed to verify or allow the Department to verify requested information.
7. On November 15, 2015, the Department received Petitioner's request for hearing disputing Child Development and Care (CDC) benefits as well as MA benefits for his daughter.

### **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).

#### **Child Development and Care (CDC)**

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

At the hearing, Petitioner testified that he did not intend to request a hearing for CDC benefits and wanted to withdraw his request. The Department had no objection. Having found good cause, the portion of Petitioner's hearing request attributable to the CDC program is DISMISSED.

#### **Medical Assistance (MA) Program**

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 disputes the Department's closure of his daughter's MA benefits for failure to return a completed Wage Match Client Notice and paystubs. The Department routinely matches recipient data with other agencies through automated computer data exchanges. BAM 802 (July 2018), p. 1. The Wage Match is a quarterly data exchange of information collected by the Talent Investment Agency and Unemployment Insurance Agency. *Id.* The information is used to determine current and past income sources for active Department clients. *Id.* The Wage Match process matches the Social Security Number for all active recipients to the database. *Id.* If a match is discovered with a discrepancy from the client's case file, the Department is required to contact the client and request verification by generating a DHS-4638 Wage Match Client Notice. BAM 802, p. 2. The Department automatically gives the client 30 days to provide the requested verification. If verifications are not returned by the 30<sup>th</sup> day, the case will be closed. *Id.*

Petitioner received the Wage Match Client Notices for his daughter, filled them out in part, and returned a portion of each document to the Department. Each form states in bold "The Wage Verification on page 2 must be completed by the employer listed above. The form must be filled out entirely, signed and dated. Return the completed form or paystubs for the last 30 days to your specialist in the enclosed envelope by 08/22/2019." For Employer 1, Petitioner returned the first and second page of the form, but not the portion where the employer would sign on page 3. For Employer 2, Petitioner again returned the first and second page of the form but not the employer signature page. He also returned two paystubs to the Department for Employer 2 which comprised 28 days or two pay periods. At the hearing, Petitioner testified that he had left numerous voicemails for his case worker because he did not understand the forms and his daughter did not want to contact at least one of the former employers because she left on bad terms. However, a review of Petitioner's Department case file shows that he has been a client since at least 2017 and received other Wage Match Client Notices which were properly completed and returned to the Department. Therefore, Petitioner's assertion that he did not understand how to complete the form is without merit. Furthermore, Petitioner testified that he has an Associate's and Bachelor's degree in electrical and Master's degree in engineering. The requirements of the form are not such that a person with Petitioner's education could not understand the form or find a mechanism to comply with the Department's requests especially given Petitioner's ability to comply with the requests in the past. Therefore, the Department properly closed Petitioner's daughter's MA case when he failed to return the completed forms.

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 Petitioner's daughter's MA benefits for failure to return the completed Wage Match Client Notice.

**DECISION AND ORDER**

Petitioner's request for hearing as it relates to the **CDC** program is **DISMISSED**.

The Department's decision is **AFFIRMED**.



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**Amanda M. T. Marler**  
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

**Via Email:**

MDHHS-Wayne-19-Hearings  
D. Smith  
EQAD  
BSC4- Hearing Decisions  
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**Petitioner – Via First-Class Mail:**

