



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED], MI [REDACTED]

Date Mailed: July 6, 2020  
MOAHR Docket No.: 19-014035  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Jeffrey Kemm

### **HEARING DECISION**

On November 25, 2019, Petitioner, [REDACTED] [REDACTED] requested a hearing to dispute a Medical Assistance (MA) application denial. Following Petitioner's hearing request, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on July 1, 2020. Petitioner's Authorized Hearing Representative, [REDACTED], appeared on Petitioner's behalf. Respondent, Department of Health and Human Services (Department), had Carly Ostlund, Assistance Payments Supervisor, appear as its representative. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 96-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

### **ISSUE**

Did the Department properly deny Petitioner's Medical Assistance (MA) application on November 15, 2019, for failing to provide verification as instructed?

### **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] [REDACTED] 2019, Petitioner applied for MA from the Department.
2. On October 28, 2019, the Department mailed a verification checklist to Petitioner with instructions for Petitioner to provide additional information to the Department by November 7, 2019. The verification checklist stated, "Please send Flagstar XX0504 bank statement for July, August, September, and October; verification of

home foreclosure; verification of cash surrender value of Colonial Penn XX5036 life insurance policy for July, August, September, and October; and verification of gross monthly income received from pension.

3. The Department did not receive a response to its verification checklist by November 7, 2019.
4. On November 15, 2019, the Department mailed a health care coverage determination notice to Petitioner to notify her that her application for MA was denied because she failed to provide verification as instructed.
5. On November 18, 2019, the Department received verifications from Petitioner. The Department reviewed the verifications and determined that the life insurance documentation was too old to use because the only documentation that had a date on it was from 2018.
6. On [REDACTED] 2019, Petitioner reapplied for MA from the Department.
7. On November 21, 2019, the Department mailed another verification checklist to Petitioner with instructions for Petitioner to provide additional information to the Department by December 2, 2019. The verification checklist instructed Petitioner to provide verification of her checking account and pension.
8. On November 25, 2019, Petitioner requested a hearing to dispute the Department's November 15, 2019, denial.
9. On December 13, 2019, the Department mailed another verification checklist to Petitioner with instructions for Petitioner to provide additional information to the Department by December 23, 2019. The verification checklist instructed Petitioner to provide current verification of her Colonial Penn life insurance. The Department explained that the statement from 2018 was too old and the screenshot could not be used because it did not have a date on it.
10. The Department did not receive current verification of Petitioner's Colonial Penn life insurance by December 23, 2019.
11. On December 27, 2019, the Department mailed a health care coverage determination notice to Petitioner to notify her that her application for MA was denied because she failed to provide verification as instructed.
12. On [REDACTED] 2020, Petitioner reapplied for MA from the Department.
13. The Department received a Colonial Penn life insurance statement dated January 21, 2020.
14. On January 28, 2020, the Department mailed a health care coverage determination notice to Petitioner to notify her that her application for MA was approved and that she was eligible for MA effective October 1, 2019.

15. Petitioner is still disputing the Department's decision because Petitioner wants MA retroactive to July 2019.

### **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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Petitioner is disputing the Department's decision to deny Petitioner's original MA application for failing to provide verification as instructed. On November 15, 2019, the Department denied Petitioner's original MA application because it did not receive verifications by November 7, 2019, as instructed. Petitioner is disputing that the Department did not receive verifications by November 7, 2019.


Verification is usually required by the Department at the time of application. BAM 130 (April 1, 2017), p. 1. The Department must tell a client what verification is required, how to obtain it, and the due date. *Id.* at 3. The Department must allow the client 10 calendar days to provide requested verification. *Id.* at 8. The client must obtain the verification, but the local office must assist if the client needs it and asks for help. *Id.* at 8. Verifications are only considered timely if they are received by the due date. *Id.* The Department must send a Negative Action Notice when the due date lapses or the client has refused to provide the verification. *Id.*

The Department sent Petitioner a verification checklist which instructed Petitioner what verification was required, how to obtain it, and the due date. It was Petitioner's responsibility to obtain the requested verification and to make sure the Department received it by the due date. Although Petitioner's Authorized Hearing Representative testified that she mailed the requested verification to the Department on November 1, 2019, Petitioner did not present sufficient evidence to establish that the Department received it by November 7, 2019. According to the evidence presented, the Department first received Petitioner's verification on November 18, 2019. Thus, I must find that Petitioner failed to provide the requested verification by the due date. Therefore, the Department properly denied Petitioner's original application for MA.

**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 did act in accordance with its policies and the applicable law when it denied Petitioner's Medical Assistance (MA) application on November 15, 2019, for failing to provide verification as instructed.

IT IS ORDERED the Department's decision is AFFIRMED.



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Jeffrey Kemm  
Administrative Law Judge  
for Robert Gordon, Director  
Department of Health and Human Services

JK/ml

**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**

Marquette County DHHS – Via Electronic Mail

BSC1 – Via Electronic Mail

D. Smith – Via Electronic Mail

EQAD – Via Electronic Mail

**Petitioner**

[REDACTED]  
MI [REDACTED]

**Authorized Hearing Rep.**

[REDACTED] – Via First Class Mail  
MI [REDACTED]