



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: August 6, 2020
MOAHR Docket No.: 20-003737
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 July 9, 2020, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Adeola Adegboye, Eligibility Specialist and Verenie Davis, Assistance Payments Supervisor.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA)?

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], 2020, Petitioner applied for MA for her husband, [REDACTED] and herself. Department Exhibit 1, pgs. 7-14.
2. On February 25, 2020, the Department Caseworker sent Petitioner a Verification Checklist, DHS-3503, that was due on March 6, 2020, for written verification to determine MA eligibility. Department Exhibit 1, pgs. 16-17.
3. On March 24, 2020, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that Petitioner is eligible for MA for February 2020 forward with a deductible, but her husband, [REDACTED] was denied

due to failure to provide written verification of income for December and other primary health insurance. Department Exhibit 1, pgs. 24-30.

4. On April 6, 2020, the Department received a hearing request from Petitioner, contesting the Department's negative action.

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 applied for MA for her husband, [REDACTED] and herself on [REDACTED] 2020. Department Exhibit 1, pgs. 7-14. On February 25, 2020, the Department Caseworker sent Petitioner a Verification Checklist, DHS-3503, that was due on March 6, 2020, for written verification to determine MA eligibility. Department Exhibit 1, pgs. 16-17. On March 24, 2020, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that Petitioner is eligible for MA for February 2020 forward with a deductible, but her husband, [REDACTED] was denied due to failure to provide written verification of income for December and other primary health insurance. Department Exhibit 1, pgs. 24-30. On April 6, 2020, the Department received a hearing request from Petitioner, contesting the Department's negative action. BEM 400 and 500. BAM 130 and 600.

This Administrative Law Judge finds that the Department had the required information needed to determine eligibility for MA of Petitioner's income from her two jobs that were submitted to the Department on February 24, 2020 and February 25, 2020. There were two blank verifications, but it seemed like she resubmitted the required information. There were three check stubs from Spectrum dated 1/10/20, 2/7/20 and 2/21/20 and 2 check stubs from CRAP dated 1/31/20 and 2/14/20 that were submitted on February 24, 2020 and February 25, 2020. In addition, Petitioner submitted three copies of the Healthcare Coverage Supplemental Questionnaire submitted on February 24, 2020.

DECISION AND ORDER

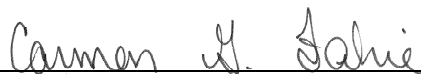
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied Petitioner's MA application for failure to submit required verification.

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Initiate a redetermination of Petitioner's eligibility for MA retroactive to her MA application dated February 20, 2020.
2. Based on policy, the Department should provide Petitioner with written notification of the Department's revised eligibility determination.
3. Issue Petitioner any retroactive benefits she may be eligible to receive, if any.

CF/hb



Carmen G. Fahie
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

Kent County via electronic mail

BSC3 via electronic mail

D. Smith via electronic mail

EQADHShearings via electronic mail

Petitioner

[REDACTED], MI [REDACTED]