



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED] MI [REDACTED]

Date Mailed: September 1, 2020
MOAHR Docket No.: 20-004941
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on August 26, 2020. Petitioner represented herself. The Department was represented by Tracy Wenzel.

ISSUE

Did the Department of Health and Human Services (Department) properly closed Petitioner's Medical Assistance (MA) 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. On [REDACTED] [REDACTED] [REDACTED] the Department received Petitioner's application for Medical Assistance (MA). Petitioner's prior eligibility for benefits ended on February 1, 2020, after she failed to provide verification of her countable assets in a timely manner. Exhibit A, pp 34-38.
2. On April 13, 2020, the Department sent Petitioner a Health Care Coverage Supplemental Questionnaire (DHS-1004) addressed to the address listed as Petitioner's home address on her [REDACTED] [REDACTED] [REDACTED] application form. Petitioner was instructed to return the DHS-1004 by April 23, 2020. Exhibit A, pp 30-33.
3. On May 14, 2020, the Department notified Petitioner that she was not eligible for Medical Assistance (MA) effective April 1, 2020. Exhibit A, pp 26-29.
4. On [REDACTED] [REDACTED] [REDACTED] the Department received Petitioner's application for Medical Assistance (MA). Exhibit A, pp 21-25.

5. On July 7, 2020, the Department sent Petitioner a Health Care Coverage Supplemental Questionnaire (DHS-1004) addressed to the address listed as Petitioner's home address on both her [REDACTED] application and her [REDACTED] application. Petitioner was instructed to return the DHS-1004 by July 20, 2020. Exhibit A, pp 13-16.
6. On July 7, 2020, the Department sent Petitioner a Verification Checklist (DHS-3503) addressed to Petitioner's home address with a July 17, 2020, due date. Exhibit A, pp 17-20.
7. On July 7, 2020, the Department notified Petitioner that she was not eligible for Medical Assistance (MA) effective April 1, 2020. Exhibit A, pp 8-12.
8. On [REDACTED] the Department received Petitioner's requests for a hearing protesting the denial of Medical Assistance (MA) benefits. Exhibit A, pp 3-6.

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 through 42 USC 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 through 42 CFR 420.25. The Department administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.103 through MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seq.*

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (October 1, 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 reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (April 1, 2017), pp 1-10.

On [REDACTED] [REDACTED] [REDACTED] the Department received Petitioner's application for MA benefits after her benefits were previously closed for failing to provide the Department with verification of her circumstances. The Department mailed Petitioner a Health Care Coverage Supplemental Questionnaire addressed to her mailing address of record, which was the address she listed as her home address on her [REDACTED] [REDACTED] application form. When the Department did not receive by May 14, 2020, the Department notified Petitioner that she was not eligible for Medical Assistance (MA) effective April 1, 2020.

Petitioner testified that she did not receive the DHS-1004 but did receive the notice that her application had been denied. Petitioner testified that the correspondence from the Department may have been delivered by the US Postal service to another home in her neighborhood with a similar address but on a different street.

While a presumption arises that a letter with a proper address and postage will, when placed in the mail be delivered by the postal service, this presumption can be rebutted with evidence that the letter was not received. If such evidence is presented, as it was here, then a question of fact arises regarding whether the letter was received. [Citations omitted.] *Goodyear Tire & Rubber Co v Roseville*, 468 Mich 947; 664 NW2d 751 (2003).

In this case, the Department presented substantial evidence that a DHS-1004 was mailed to Petitioner's correct mailing address of record as reported to the Department on the application for assistance, and the Petitioner failed to rebut the presumption of its receipt. It was not disputed that the DHS-1004 was not returned.

The Medicare Savings Programs are SSI-related MA categories. There are three categories of Medicare Savings Program (MSP) benefits including the Qualified Medicare Beneficiary (QMB), the Special Low-Income Medicare Beneficiary (SLMB), and the Additional Low-Income Medicare Beneficiary (ALMB). QMB pays Medicare premiums, and Medicare coinsurances, and Medicare deductibles. QMB coverage begins the calendar month after the processing month. SLMB pays Medicare Part B premiums. SLMB coverage is available for retro MA months and later months. ALMB pays Medicare Part B premiums provided funding is available. The Department of Community Health notifies the Department of Human Services if funding is available. ALMB coverage is available for retro MA months and later months. Department of Human Services Bridges Eligibility Manual (BEM) 165 (January 1, 2018), pp 1-4.

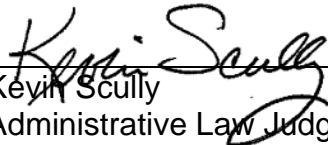
The Department's representative testified that Petitioner was found to be eligible for MA and MSP benefits effective August 1, 2020. Petitioner testified failed to establish her eligibility for either of those benefits in months before that.

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 denied Petitioner's application for Medical Assistance (MA).

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/nr



Kevin Scully
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

Kelly Sutherland
2300 E Grand River Ste. 1
Howell, MI
48843

Livingston County DHHS- via electronic
mail

BSC4- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

Petitioner

[REDACTED] - via first class mail
[REDACTED], MI