



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], MI [REDACTED]

Date Mailed: December 3, 2020  
MOAHR Docket No.: 20-005667  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

### **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 October 7, 2020. [REDACTED] the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by Kristina Warner, Eligibility Specialist.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-13 and unnumbered pages.

### **ISSUE**

Did the Department properly deny Petitioner's application for 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] 2020, Petitioner applied for MA. (Exhibit A, pp. 1-5)
2. On July 27, 2020, a DHS-1004 Health Care Coverage Supplemental Questionnaire was sent to Petitioner with a due date of August 7, 2020. (Exhibit A, pp. 6-9)
3. The Department did not receive the DHS-1004 Health Care Coverage Supplemental Questionnaire from Petitioner. (Exhibit A, p. 10)

4. On August 11, 2020, the Department issued a Health Care Coverage Determination Notice denying Petitioner's application for MA due to the failure to return the Health Care Coverage Supplemental Questionnaire. (Exhibit A, pp. 11-13)
5. On August 28, 2020, the Department received Petitioner's Request for Hearing with some verifications and part of the DHS-1004 Health Care Coverage Supplemental Questionnaire included. (Exhibit A, unnumbered pages)

### **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 general, verification is to be obtained when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. The Department must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department should use the best available information. If no evidence is available, the Department is to use their best judgment. BAM 130, April 1, 2017, pp. 1-3.

For MA, the Department must allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. If the client cannot provide the verification despite a reasonable effort, the Department can extend the time limit up to two times when specific conditions are met, including the customer/authorized representative making a request for an extension. Verifications are considered timely if received by the date they are due. The Department is to send a case action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, pp. 7-8.

On July 27, 2020, a DHS-1004 Health Care Coverage Supplemental Questionnaire was sent to Petitioner with a due date of August 7, 2020. (Exhibit A, pp. 6-9) The Department did not receive the DHS-1004 Health Care Coverage Supplemental

Questionnaire from Petitioner. (Exhibit A, p. 10) Therefore, on August 11, 2020, the Department issued a Health Care Coverage Determination Notice denying Petitioner's application for MA, due to the failure to return the Health Care Coverage Supplemental Questionnaire. (Exhibit A, pp. 11-13)

Petitioner testified that the Department did not receive it for the first application she filed. The Department allowed her to re-do it and it was sent to the Department about two or three weeks prior to the hearing date. Petitioner indicate the re-do process was a re-application for MA. Petitioner testified that she turned in the Health Care Coverage Supplemental Questionnaire the first time at the end of August 2020. (Petitioner Testimony) Petitioner's hearing request states that she mailed the information to the Department on August 7, 2020. Some verifications and portions of the Health Care Coverage Supplemental Questionnaire were included. (Exhibit A, unnumbered page)

In this case, the Department followed the above cited BAM 130 policy to tell Petitioner what verification is required, how to obtain it, and the due date. The Department's evidence documents that they did not receive any response to the July 27, 2020, DHS-1004 Health Care Coverage Supplemental Questionnaire by the August 7, 2020, due date. Petitioner's testimony and documents did not establish that complete copy of the Questionnaire was returned by the due date. There was no evidence that any extension was requested to provide the requested information. Therefore, the Department properly issued the denial notice when the time-period given had elapsed and the needed information had not been submitted.

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 [REDACTED] 2020, application for MA.

### **DECISION AND ORDER**

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

CL/ml



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Colleen Lack  
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**

Tamara Little  
Jackson County DHHS – via electronic  
mail

BSC4 – via electronic mail

D. Smith – via electronic mail

EQAD – via electronic mail

**Petitioner**

██████████ – via first class mail

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