



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: May 7, 2021
MOAHR Docket No.: 21-000124
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 March 11, 2021. [REDACTED] the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by Martina Brown, Eligibility Specialist (ES), and Tom Jones, Supervisor.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-16¹.

ISSUE

Did the Department properly deny Petitioner's application 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. (Exhibit A, p. 1; ES Testimony)
2. On October 21, 2020, a Verification Checklist was issued with a due date of November 2, 2020, requesting verification of medical expenses and checking account. (Exhibit A, pp. 7-8)
3. Petitioner did not submit the requested verifications by the due date. (Exhibit A, p. 1; ES Testimony)

¹ There was a numbering error and there is no page 3 of this packet.

4. On November 12, 2020, Petitioner turned in verifications, a statement for [REDACTED] and documentation of account closure for [REDACTED] (ES Testimony)
5. On November 12, 2020, a second Verification Checklist was issued with a due date of November 23, 2020, requesting verification of medical expenses and checking account. (Exhibit A, pp. 11-12)
6. Petitioner did not submit the requested verifications by the second due date. (Exhibit A, p. 1; ES Testimony)
7. On December 22, 2020, an asset detection was returned to the Department listing accounts with [REDACTED] (Exhibit A, pp. 13-16)
8. On December 28, 2020, a third Verification Checklist was issued with a due date of January 7, 2021, requesting verification of checking and savings accounts. (Exhibit A, pp. 9-10)
9. Petitioner did not submit the requested verifications by the third due date. (Exhibit A, p. 1; ES Testimony)
10. On January 4, 2021, the ES spoke with Petitioner and offered to complete a collateral contact with [REDACTED]. (ES Testimony)
11. On January 8, 2021, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied based on a failure to provide required verifications. (Exhibit A, p. 1; ES Testimony)
12. On January 14, 2021, Petitioner requested a hearing contesting the Department's FAP and MA determinations. (Exhibit A, pp. 4-6)

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 1396-1396w-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: required by policy; required as a local office option; and when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. Verification is usually required at application and at redetermination as well as 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, January 1, 2021, 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. 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 8-9.

On [REDACTED] 2020, Petitioner applied for MA. (Exhibit A, p. 1; ES Testimony)

On October 21, 2020, a Verification Checklist was issued with a due date of November 2, 2020, requesting verification of medical expenses and checking account. (Exhibit A, pp. 7-8) Petitioner did not submit the requested verifications by the due date. (Exhibit A, p. 1; ES Testimony)

On November 12, 2020, Petitioner turned in verifications, a statement for [REDACTED] and documentation of account closure for [REDACTED] (ES Testimony) On November 12, 2020, a second Verification Checklist was issued with a due date of November 23, 2020, requesting verification of medical expenses and checking account. (Exhibit A, pp. 11-12) Petitioner did not submit the requested verifications by the second due date. (Exhibit A, p. 1; ES Testimony)

On December 22, 2020, an asset detection was returned to the Department listing accounts with [REDACTED] (Exhibit A, pp. 13-16)

On December 28, 2020, a third Verification Checklist was issued with a due date of January 7, 2021, requesting verification of checking and savings accounts. (Exhibit A, pp. 9-10) Petitioner did not submit the requested verifications by the third due date. (Exhibit A, p. 1; ES Testimony)

On January 4, 2021, the ES spoke with Petitioner and offered to complete a collateral contact with [REDACTED]. Petitioner declined to have the collateral contact completed. (ES Testimony) Accordingly, on January 8, 2021, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied based on a failure to provide required verifications. (Exhibit A, p. 1; ES Testimony)

Petitioner noted that the Department exceeded the 45-day standard of promptness to make an eligibility determination regarding the [REDACTED] 2020 MA application. Additionally, Petitioner was in a vehicle with someone when the ES called her on January 4, 2021. Therefore, Petitioner could not just stop what she was doing to complete the collateral contact at that time. Petitioner requested until Friday. Petitioner tried to reach the ES early Friday morning to let her know something had happened, she had to go to her doctor's office to pick up some papers, and she would get the ES everything she needed on Monday. However, Petitioner found out the case had already been closed. (Petitioner Testimony)

Petitioner asserted that she does not have an account with [REDACTED] Rather that is a secured credit card that works through [REDACTED] Petitioner provided the statement from [REDACTED] where her current account is. Petitioner was aware that there was something in the past with [REDACTED] so she also provided that verification. Petitioner asserted that she did not know about any other accounts and noted the Department did not specify what accounts they were looking for on the verification requests. However, Petitioner also acknowledged that she had a little [REDACTED] credit union account with [REDACTED] Petitioner has requested that they send her something, but it has not happened yet. (Petitioner Testimony)

In this case, the Department followed the above cited BAM 130 policy by sending Petitioner a Verification Checklist notifying her what verifications were required, how to obtain them, and the due date. The original checklist due date was November 2, 2020. There was no evidence the Petitioner submitted any of the requested verifications by that due date. When Petitioner submitted some of the requested verifications on November 12, 2020, the Department granted an extension by re-issuing the Verification Checklist with a due date of November 23, 2020. There was no evidence the Petitioner submitted any of the requested verifications by the second date. However, on December 22, 2020, an asset detection was returned showing multiple additional banking accounts. The Department granted a second extension by issuing another Verification Checklist with a due date of January 7, 2021. The ES even called Petitioner on January 4, 2021 offering to assist with gathering the needed verifications by completing collateral contacts with banking institutions. As this was an unscheduled call, it is understandable that Petitioner was unable to have a collateral contact completed at that time and requested until Friday. Petitioner tried to reach the ES early Friday morning to let her know something had happened, she had to go to her doctor's office to pick up some papers, and she would get the ES everything she needed on Monday. However, the ES could not have granted Petitioner's request for additional time to provide the verifications. The BAM 130 policy allows for up to two extensions of the due date, which had already been granted. Ultimately, the Department properly issued the denial notice when the time-period given had elapsed and the needed verifications 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



Colleen Lack
Administrative Law Judge
for Elizabeth Hertel, 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

Linda Gooden
Oakland (Dist 3) County DHHS – via
electronic mail

BSC4 – via electronic mail

C. George – via electronic mail

EQAD – via electronic mail

Petitioner

[REDACTED] – via first class mail

[REDACTED], MI [REDACTED]