



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: July 30, 2021
MOAHR Docket No.: 21-002818
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 July 27, 2021. [REDACTED] the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Princess Ogundipe, Eligibility Specialist.

During the hearing proceeding the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-9.

ISSUE

Did the Department properly deny Petitioner's [REDACTED] 2021 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], 2021, Petitioner applied for MA. (Exhibit A, p. 1)
2. On May 4, 2021 a DHS-1004 was generated with a due date of May 14, 2021. (Exhibit A, p. 1)
3. On May 19, 2021, MA was denied for failure to return the DHS-1004. (Exhibit A, p. 1)

4. Petitioner did not receive the DHS-1004 until after the due date. (Petitioner Testimony)
5. On May 25, 2021, Petitioner returned the DHS-1004. (Exhibit A, p. 1)
6. On June 2, 2021, Petitioner requested a hearing contesting the Department's determination. (Exhibit A, p. 7)
7. The Department determined that the standard of promptness date had not been reached and a re-application was initiated for the original [REDACTED], 2021 application date. (Exhibit A, p. 1)
8. The application was denied based on a failure to provide verification of the reported disability. (ES Testimony)
9. On June 11, 2021, a Health Care Coverage Determination Notice was issued. (Exhibit A, pp. 3-6)
10. The ES acknowledged that the Department did not send Petitioner a Verification Checklist requesting verification of the reported disability prior to denying the application. (ES Testimony)

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, 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, p. 8.

On [REDACTED] 2021, Petitioner applied for MA. (Exhibit A, p. 1) On May 4, 2021 a DHS-1004 was generated with a due date of May 14, 2021. (Exhibit A, p. 1) On May 19, 2021, MA was denied for failure to return the DHS-1004. (Exhibit A, p. 1)

Petitioner credibly testified that he did not receive the DHS-1004 until after the due date. (Petitioner Testimony) On May 25, 2021, Petitioner returned the DHS-1004. (Exhibit A, p. 1) On June 2, 2021, Petitioner requested a hearing contesting the Department's determination. (Exhibit A, p. 7)

The Department determined that the standard of promptness date had not been reached and a re-application was initiated for the original [REDACTED] 2021 application date. (Exhibit A, p. 1) The application was denied based on a failure to provide verification of the reported disability. (ES Testimony) On June 11, 2021, a Health Care Coverage Determination Notice was issued. (Exhibit A, pp. 3-6) However, the ES acknowledged that errors were made by the Department. Specifically, the Department did not send Petitioner a Verification Checklist requesting verification of the reported disability prior to denying the application. Therefore, the ES indicated Petitioner's application should be reprocessed. The ES also testified that the Department now has the needed verifications of income and disability. (ES Testimony)

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 not act in accordance with Department policy when it denied Petitioner's [REDACTED] 2021 application for Medical Assistance (MA).

DECISION AND ORDER

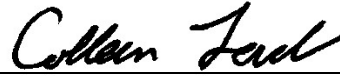
Accordingly, the Department's decision is **REVERSED**.

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. Re-determine Petitioner's eligibility for MA retroactive to the [REDACTED], 2021 application date in accordance with Department policy.

2. Issue written notice of the determination in accordance with Department policy.

CL/ml



Colleen Lack
Administrative Law Judge

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

Via email

MDHHS-Wayne-18-Hearings
BSC4
C. George
EQAD
MOAHR

Petitioner – via first class mail

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]