



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

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██████████, MI ██████████

Date Mailed: November 8, 2021
MOAHR Docket No.: 21-004467
Agency No.: ██████████
Petitioner: █████ █████ █████

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 November 4, 2021, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Ryon Clemons. Ms. Marcum also appeared for the Department. Department Exhibit 1, pp. 1-14 was received and admitted.

ISSUE

Did the Department properly deny Petitioner's Medical Assistance (MA) application for failing to verify income and for failing to have the required immigration status?

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 ██████████ ██████████ ██████████ Petitioner applied for MA.
2. On August 25, 2021, a verification checklist was sent to Petitioner requesting income verification and. (Ex. 1, pp. 10-11)
3. On September 14, 2021, a Health Care Coverage Determination Notice was sent to Petitioner informing her that her MA application was denied because verification of income was not received. (Ex. 1, pp. 12-14)
4. On September 24, 2021, Petitioner requested hearing disputing the denial of MA. (Ex., 1, p. 3)

5. Petitioner provided back account statements but nothing showing how much income she was earning.

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.

Send a negative action notice when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed and the client has **not** made a reasonable effort to provide it. BAM 130

In this case, Petitioner applied for MA. A verification checklist was sent to Petitioner requesting that she provide information about her employment income. (Ex. 1, pp. 10-11) Petitioner provided bank account statements but nothing that verified her self-employment income. The Department was correct to deny Petitioner's MA application for failing to verify employment income. BAM 130

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 MA application for failing to provide income verification.

There was some discussion at hearing about Petitioner's immigration status as an asylum applicant. Petitioner was advised that she may only be eligible for emergency services only medical assistance. Petitioner was advised to reapply and regarding what documents she should provide to verify her self-employment income.

DECISION AND ORDER

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

AM/nr



Aaron McClintic
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

DHHS

Courtney Jenkins
22 Center Street
Ypsilanti, MI 48198

Washtenaw County DHHS- via electronic mail

BSC4- via electronic mail

C. George- via electronic mail

EQAD- via electronic mail

Petitioner

██████████ - via first class mail
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