



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: April 11, 2022  
MOAHR Docket No.: 22-000737  
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 April 5, 2022, from Lansing, Michigan. [REDACTED], the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by Tom Jones, Supervisor.

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

### **ISSUE**

Did the Department properly deny Petitioner's [REDACTED], 2022 application for Medicaid and the Medicare Savings Program?

### **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], 2022, Petitioner applied for Medicaid and the Medicare Savings Program. (Exhibit A, p. 1)
2. On January 21, 2022, a Health Care Coverage Supplemental Questionnaire was issued to Petitioner with a due date of January 31, 2022. (Exhibit A, pp. 7-10)
3. On January 27<sup>th</sup> or 28<sup>th</sup>, 2022, Petitioner called the Department because she just received the supplemental questionnaire and was told not to worry about the deadline date of January 31<sup>st</sup>. (Exhibit A, p. 3; Petitioner Testimony)

4. On February 1, 2022, a Health Care Coverage Determination Notice was issued stating Petitioner's application was denied because she failed to return the supplemental questionnaire. (Exhibit A, pp. 11-13)
5. On [REDACTED], 2022, Petitioner filed a hearing request contesting the Department's determination. (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 1396-1396w-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, 2022, 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 January 21, 2022, a Health Care Coverage Supplemental Questionnaire was issued to Petitioner with a due date of January 31, 2022. (Exhibit A, pp. 7-10) On February 1, 2022, a Health Care Coverage Determination Notice was issued stating Petitioner's

application was denied because she failed to return the supplemental questionnaire. (Exhibit A, pp. 11-13)

However, on January 27<sup>th</sup> or 28<sup>th</sup>, 2022, Petitioner called the Department because she just received the supplemental questionnaire. Petitioner was told not to worry about the deadline date of January 31<sup>st</sup>. (Exhibit A, p. 3; Petitioner Testimony) Accordingly, an extension of the due date could have been granted based on Petitioner's call to the Department indicating she just received the Health Care Coverage Supplemental Questionnaire and needed additional time to provide the requested information. Petitioner explained that she gathered the information needed and mailed it to the Department on February 1, 2022. (Exhibit A, p. 3; Petitioner Testimony) Then on February 2, 2022, Petitioner received the Health Care Coverage Determination Notice stating Petitioner's application was denied because she failed to return the supplemental questionnaire. (Exhibit A, pp. 11-13; Petitioner Testimony)

The Supervisor testified that it appears the Department has all of the information that was needed to process Petitioner's application. The Department received Petitioner's response to the Questionnaire on February 4, 2022. The Department is willing to re-process Petitioner's application. (Supervisor Testimony)

In this case, the Department did not follow the above cited BAM 130 policy as Petitioner contacted the Department prior to the due date indicating she just received the supplemental questionnaire in the mail and needed time to provide the requested information. Petitioner indicated she was told not to worry about the January 31, 2022 due date, as if an extension had been granted. However, the Department denied the application on February 1, 2022, rather than allowing Petitioner time to provide the requested information.

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 January 21, 2022, application for Medicaid and the Medicare Savings Program.

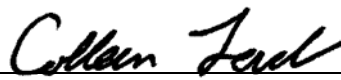
**DECISION AND ORDER**

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 eligibility for the [REDACTED], 2022 application for Medicaid and the Medicare Savings Program in accordance with Department policy.
2. Issue written notice of the determination in accordance with Department policy.

CL/dm

  
\_\_\_\_\_  
**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

**Sent via Email:**

MDHHS-Oakland-6303-Hearings  
C. George  
EQADHearings  
MOAHR  
BSC4HearingDecisions

**Sent via First-Class Mail:**

[REDACTED]  
[REDACTED], MI [REDACTED]