



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: February 16, 2023
MOAHR Docket No.: 23-000157
Agency No.: ██████████
Petitioner: ██████ ██████

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on February 14, 2023, from Lansing, Michigan. Petitioner represented himself. The Department was represented by April Sprague.

ISSUE

Did the Department of Health and Human Services (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 ██████████ ██████ 2022, the Department received Petitioner's application for Medical Assistance (MA) and Medicare Savings Plan (MSP) benefits where he reported being eligible for Medicare. Exhibit A, pp 10-22.
2. On December 8, 2022, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting verification of a bank account or debt card by December 19, 2022. Exhibit A, pp 25-26.
3. On January 3, 2023, the Department notified Petitioner that he was not eligible for Medical Assistance (MA). Exhibit A, pp 30-32.
4. On January 9, 2023, the Department received Petitioner's request for a hearing protesting the denial of Medical Assistance (MA). Exhibit A, pp 6-9.

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 through 42 USC 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 through 42 CFR 420.25. The Department administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.103 through MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seq.*

The Medicare Savings Programs are SSI-related MA categories. There are three categories of Medicare Savings Program (MSP) benefits including the Qualified Medicare Beneficiary (QMB), the Special Low Income Medicare Beneficiary (SLMB), and the Additional Low Income Medicare Beneficiary (ALMB). QMB pays Medicare premiums, and Medicare coinsurances, and Medicare deductibles. QMB coverage begins the calendar month after the processing month. SLMB pays Medicare Part B premiums. SLMB coverage is available for retro MA months and later months. ALMB pays Medicare Part B premiums provided funding is available. The Department of Community Health notifies the Department of Human Services if funding is available. ALMB coverage is available for retro MA months and later months. Department of Human Services Bridges Eligibility Manual (BEM) 165 (October 1, 2022), pp 1-4.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (April 1, 2022), p 9.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (January 1, 2023), pp 1-10.

On [REDACTED] [REDACTED] 2022, the Department received Petitioner's application for MA benefits. Petitioner reported that he is eligible for Medicare, which makes him ineligible for categories of MA with no asset limit. Therefore, the Department requested that Petitioner provide verification of any bank accounts, including accounts that are only

funds deposited on a debit card. When Petitioner failed to supply the Department with the information that was requested, the Department denied Petitioner's [REDACTED] 2022, application.

The Department's representative credibly testified that the Department had good reason to believe that Petitioner holds a bank account or debt card with a balance because Department records show that he possessed an account containing cash assets in the past. Department records indicate that as recent as September 16, 2022, Petitioner submitted a copy of a bank statement.

Petitioner testified that his social security benefits are not granted to him on a debt card but are sent to him by a paper check. Petitioner denies that he currently has any bank account or debit card.


However, if Petitioner no longer has an account fitting the Department's definition of a cash asset, then he had a duty to provide the Department with verification that any accounts he has held in the past have been closed and are no longer available to him.

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 application for assistance due to his failure to provide the Department with information necessary to accurately determine his eligibility for benefits.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/nr



Kevin Scully
Administrative Law Judge
Michigan Office of Administrative Hearings
and Rules (MOAHR)

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-Electronic Mail :

DHHS

Janice Collins
Genesee County DHHS Union St
District Office
125 E. Union St 7th Floor
Flint, MI 48502

**MDHHS-Genesee-UnionSt-
Hearings@michigan.gov**

Interested Parties

Genesee Union St. County DHHS
BSC2
D. Smith
EQAD
MOAHR

Via-First Class Mail :

Petitioner

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