



GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN, DPA
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: March 22, 2024
MOAHR Docket No.: 23-009952
Agency No.: [REDACTED]
Petitioner: [REDACTED] [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 February 22, 2024, from Lansing, Michigan. [REDACTED] [REDACTED] the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by Dan Vendzuh, Family Independence Manager (FIM).

During the hearing proceeding, the Department's hearing summary packet was admitted as Exhibit A, pp. 1-24, and the Department's additional documentation was admitted as Exhibit B; Petitioner's initial documentation packet was admitted as Exhibit 1, pp. 1-13, and Petitioner's additional documentation was admitted as Exhibit 2, pp. 1-3.

ISSUE

Did the Department properly determine Petitioner's eligibility 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. Petitioner was receiving MA under the Healthy Michigan Plan (MA HMP) category). (Exhibit A, p. 1A; Exhibit 1, p. 4)
2. Petitioner was going to be enrolled in Medicare on November [REDACTED] 2023. (Exhibit A, pp. 1A and 24)

3. Petitioner obtained a statement from [REDACTED] or the month of October 2023. (Exhibit A, p. 10)
4. On October [REDACTED] 2023, Petitioner received an email to verify her accounts with [REDACTED] were closed. (Exhibit 1, p. 8)
5. On October [REDACTED] 2023, the Department began a review to determine whether Petitioner qualified for the Medicare Savings Program (MSP). (Exhibit A, p. 1A)
6. On November [REDACTED] 2023, Petitioner emailed paperwork to the Department for a Verification Checklist. (Exhibit 1, p. 5)
7. On November [REDACTED] 2023, the Department began a review to determine whether Petitioner qualified for any other type of MA. (Exhibit A, p. 1A)
8. On November [REDACTED] 2023, a Verification Checklist was issued to Petitioner requesting current verification of the checking account Petitioner's Retirement Survivors Disability Insurance (RSDI) benefits are deposited into. The due date was December 7, 2023. (Exhibit A, pp. 19-20)
9. On November [REDACTED] 2023 and December [REDACTED] 2023, Petitioner uploaded documents labeled as checking account for the Department to process. (Exhibit 1, pp. 6-7; Exhibit 2, p. 1)
10. On December [REDACTED] 2023, Petitioner obtained documentation from [REDACTED] regarding account [REDACTED] (Exhibit 1, p. 11)
11. On or about December [REDACTED] 2023, Petitioner submitted requested verifications. (Exhibit A, p. 1A)
12. On December [REDACTED] 2023, an Asset Detection indicated there were multiple banking accounts that would require verification. (Exhibit A, pp. 16-18)
13. On December [REDACTED] 2023, a Verification Checklist was issued to Petitioner requesting verification of multiple accounts, either a current statement or documentation to verify the closure of the account. The accounts were: [REDACTED] [REDACTED] [REDACTED] [REDACTED] savings, and [REDACTED] checking and savings; as well as [REDACTED] [REDACTED] savings and [REDACTED] checking. The due date was December 26, 2023. (Exhibit A, pp. 14-15)
14. On December [REDACTED] 2023, Petitioner obtained documentation from [REDACTED] [REDACTED] [REDACTED] regarding accounts ending in [REDACTED] (Exhibit 1, p. 12)
15. On December [REDACTED] and [REDACTED] 2023, Petitioner submitted verification of multiple banking accounts. (Exhibit A, p. 1A)
16. Verification was not submitted for [REDACTED] [REDACTED] [REDACTED] checking and savings account number [REDACTED] (Exhibit A, p. 1A)

17. The Department determined Petitioner was no longer eligible for MA HMP because she receives Medicare and was not eligible for MA with a deductible (MA G2S), or the MSP based on the failure to submit required verifications. (Exhibit A, p. 1A)
18. On December █ 2023, a Health Care Coverage Determination Notice was issued to Petitioner indicating Petitioner was only eligible for limited coverage Plan First MA as of February 1, 2024, and she was denied MSP benefits as of November 1, 2023, based on the failure to provide verification of checking and savings accounts. (Exhibit A, pp. 10-13)
19. On December 28, 2023, Petitioner filed a hearing request contesting the Department's determinations. (Exhibit A, pp. 7-9)
20. On January █ 2024, a Verification Checklist was issued to Petitioner requesting verification of the █ █ █ checking/savings account █. The due date was January 26, 2024. (Exhibit B, pp. 2-3; Exhibit 2, p. 3)
21. On January █ 2024, a Benefit Notice was issued to Petitioner stating the MA HMP would close effective February 1, 2024 because Petitioner was receiving Medicare and MA G2S was denied based on the failure to return verification of █ █ █ checking and savings account number █ (Exhibit A, pp. 3-6)
22. On January █ 2024, Petitioner submitted by email a letter from █ █ █ documenting that the individual referenced above had accounts with them at one time, but they were closed on December █ 2023 and March █ 2021. Petitioner's name and account numbers █ and █ were referenced. (Exhibit B, p. 4)
23. On January 24, 2024, Petitioner uploaded the January 23, 2024 letter from █ █ █ (Exhibit 2, pp. 1-2)

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.

Plan First MA is a MAGI-related limited coverage Medicaid group available to any United States citizen or individual with an immigration status entitling them to full Medicaid

coverage residing in Michigan. The fiscal group's net income cannot exceed 195 percent of the federal poverty level. BEM 124, July 1, 2023, p. 1.

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, October 1, 2023, pp. 1-4.

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.

In this case, the contested denials of MA and MSP benefits were based on an alleged failure to return requested verification of [REDACTED] [REDACTED] [REDACTED] checking and savings account number [REDACTED] (Exhibit A, pp. 1A, 3-6, and 10-13).

On December [REDACTED] 2023, an Asset Detection indicated there were multiple banking accounts that would require verification, this included the accounts with [REDACTED] [REDACTED] [REDACTED] (Exhibit A, pp. 16-18)

On December [REDACTED] 2023, a Verification Checklist was issued to Petitioner requesting verification of multiple accounts, either a current statement [REDACTED] documentation to verify the closure of the account. The accounts were: [REDACTED] [REDACTED] [REDACTED] [REDACTED] savings, [REDACTED] checking and savings; as well as [REDACTED] [REDACTED] savings and [REDACTED] checking. The due date was December 26, 2023. (Exhibit A, pp. 14-15)

On December [REDACTED] 2023, Petitioner obtained documentation from [REDACTED] [REDACTED] regarding accounts ending in [REDACTED] (Exhibit 1, p. 12)

On December [REDACTED] and [REDACTED] 2023, Petitioner submitted verification of multiple banking accounts. (Exhibit A, p. 1A). It appears that this would have included the documentation Petitioner obtained from [REDACTED] on December [REDACTED] 2023, regarding accounts ending in [REDACTED] (Exhibit 1, p. 12). However, it appears that this could not have included verification for [REDACTED] [REDACTED] [REDACTED] checking and savings account number [REDACTED] because the documentation from the credit union that Petitioner was able to obtain was dated January 23, 2024. (Exhibit B, p. 4; Exhibit 1, p. 9; and Exhibit 2, p. 2).

The Department determined Petitioner was no longer eligible for MA HMP because she receives Medicare and was not eligible for MA with a deductible (MA G2S), or the MSP based on the failure to submit required verifications of the [REDACTED] [REDACTED] [REDACTED] checking and savings account number [REDACTED] by the December [REDACTED] 2023 due date. (Exhibit A, p. 1A). Accordingly, on December [REDACTED] 2023, a Health Care Coverage Determination Notice was issued to Petitioner indicating Petitioner was only eligible for limited coverage Plan First MA as of February 1, 2024, and she was denied MSP benefits as of November 1, 2023, based on the failure to provide verification of checking and savings accounts. (Exhibit A, pp. 10-13).

After Petitioner's hearing request was filed, the Department again requested verification of [REDACTED] [REDACTED] [REDACTED] checking and savings account number [REDACTED]. Specifically, on January [REDACTED] 2024, a Verification Checklist was issued to Petitioner requesting verification of the [REDACTED] [REDACTED] [REDACTED] checking/savings account [REDACTED]. The due date was January 26, 2024. (Exhibit B, pp. 2-3; Exhibit 2, p. 3). It was uncontested that Petitioner provided the requested verification of [REDACTED] [REDACTED] [REDACTED] checking and savings account number [REDACTED] on January 23 and 24, 2024. (Exhibit B, p. 4; Exhibit 2, pp. 1-2). At the time of the hearing, the Department did not need any additional verifications from Petitioner, and they were in the process of re-determining Petitioner's eligibility for MA. (FIM Testimony).

Overall, the evidence shows that at the time of the December [REDACTED] 2023 determination, Petitioner had not provided all of the verifications requested on the December [REDACTED] 2023, Verification Checklist by the December 26, 2023 due date. At that time, the requested verification of the [REDACTED] [REDACTED] [REDACTED] checking/savings account [REDACTED] had not been received. Accordingly, the denial of MA and MSP was appropriate at that time.

Further, at the time of the hearing the Department was properly redetermining Petitioner's eligibility as they subsequently requested the verification of the [REDACTED] [REDACTED] [REDACTED] checking/savings account [REDACTED] again on the January [REDACTED] 2024 Verification Checklist, and Petitioner timely submitted it by the January 26, 2024 due date. Once a new eligibility determination is made, the Department should issue a written notice to Petitioner. If Petitioner disagrees with the new determination, Petitioner may wish to file another timely hearing request.

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 determined Petitioner's eligibility for MA.

DECISION AND ORDER

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

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

Via-Electronic Mail :

DHHS
Dan Vendzuh
Otsego County DHHS
MDHHS-Otsego-
Hearings@michigan.gov

SchaferM

EQADHearings

BSC1HearingDecisions

MOAHR

Via-First Class Mail :

Petitioner

████████████████████
████████████████████
████████████████████