



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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Date Mailed: May 16, 2022  
MOAHR Docket No.: 22-001527  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm**

**HEARING DECISION**

On April 12, 2022, Petitioner, ██████████, requested a hearing to dispute the Department's decision to deny her request for Medical Assistance (MA). As a result, a hearing was scheduled to be held on May 12, 2022, pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; and Mich Admin Code, R 792.11002. Petitioner appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Ashley Evans, Assistance Payments Supervisor, appear as its representative. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 14-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

**ISSUE**

Whether the Department properly denied Petitioner's request for 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 ██████████ 2021, Petitioner applied for health insurance through the Affordable Care Act marketplace.
2. On December 6, 2021, the Department mailed a verification checklist to Petitioner. The verification checklist instructed Petitioner to provide proof of her earned and unearned income for the last 30 days. The verification checklist instructed Petitioner to provide the proof by December 16, 2021.
3. Petitioner did not receive the verification checklist, so she was unaware that she was required to provide information to the Department by December 16, 2021.

4. Petitioner unsuccessfully attempted to contact the Department to check on the status of her application.
5. On January 18, 2022, the Department issued a health care coverage determination notice to Petitioner to notify her that her request for MA was denied because she did not provide verification of her income.
6. Petitioner received the health care coverage determination notice, and she unsuccessfully attempted to contact the Department.
7. On April 12, 2022, Petitioner requested a hearing to dispute the Department's decision.

### **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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, the Department denied Petitioner's application for MA because the Department determined that Petitioner did not provide verification of her income as instructed. Petitioner is disputing the Department's decision.

When the Department receives an application for assistance, the Department must determine whether the client is eligible. To determine whether a client is eligible for assistance, the Department must request verification of the information that is required to determine eligibility.

Verification is usually required by the Department at the time of application. BAM 130 (January 1, 2021), p. 1. The Department must tell a client what verification is required, how to obtain it, and the due date. *Id.* at 3. The Department must allow the client 10 calendar days to provide requested verification. *Id.* at 8. The client must obtain the verification, but the local office must assist if the client needs it and asks for help. *Id.* Verifications are only considered timely if they are received by the due date. *Id.* The Department must send a Negative Action Notice when the client refuses to provide the verification, or the client has failed to provide the verification by the due date. *Id.*

Based on the evidence presented, the Department properly requested verification from Petitioner, and the Department did not receive the requested verification by the due date. Thus, I must find that Petitioner failed to provide the requested verification by the due date. Therefore, the Department properly denied Petitioner's application for MA.

**DECISION AND ORDER**

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 properly denied Petitioner's request for Medical Assistance.

IT IS ORDERED the Department's decision is **AFFIRMED**.

JK/mp



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**Jeffrey Kemm**  
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

**Email Recipients:**

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