



5. On [REDACTED], 2022, Petitioner filed a Request for Hearing to challenge the denial of his MA application (Exhibit A, pp. 3-4).

### **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 Medicaid (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. MDHHS administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MA is also known as Medical Assistance.

In this case, Petitioner filed a Request for Hearing to dispute MDHHS' denial of his application for MA benefits. MDHHS asserted that Petitioner's application was properly denied because he did not return the Questionnaire timely.

Clients have a responsibility to cooperate with the local office in determining initial eligibility for program benefits and cooperation includes the completion of necessary forms. BAM 105 (April 2022), p. 9. MDHHS must request verification of eligibility factors when required by policy or when an eligibility factor is unclear. BAM 130 (January 2022), p. 1. To obtain verifications, MDHHS must tell the client specifically what verification is required, how to obtain it and the due date. BAM 130, p. 3. Verifications are considered timely if they are received by the date they are due. *Id.*, p. 7. In addition, the local office must assist clients in obtaining verifications if they ask for help and may grant extensions. *Id.*, p. 15; BAM 130, p. 8. If the information is unavailable despite diligent attempts to obtain it, MDHHS is required to use the best information available or its best judgment when determining eligibility. BAM 130, p. 3.

The DHS-1004, Health Care Coverage Supplemental Questionnaire, is used to gather additional information when the applicant indicates a disability on the DCH-1426 (MA application). BEM 105 (January 2021), p. 3.

In this case, Petitioner credibly testified that he received the Questionnaire on the date that it was due. He stated that he has been having problems with the United States Postal Service and that his mail is frequently delivered late. Petitioner further testified that he called and spoke to an MDHHS representative on the day that the form was due to tell them that he had received the Questionnaire late and to let them know that he would be sending it back as soon as possible. This communication represents a request for assistance and/or a request for an extension by the client. When obtaining

verifications for MA, MDHHS is required to assist clients who need help and can grant up to two extensions. See BAM 130, p. 8.

Although Petitioner returned the Questionnaire after the deadline, he called MDHHS on the date that it was due to request assistance and/or an extension. No evidence was presented that Petitioner was not cooperating with MDHHS in determining his eligibility for MA benefits or that he previously exhausted his extensions.

Therefore, 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 MDHHS did not act in accordance with Department policy when it denied Petitioner's application for MA benefits.

### **DECISION AND ORDER**

Accordingly, the MDHHS' decision is **REVERSED**.

MDHHS 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. Register and reprocess Petitioner's MA application filed on or about [REDACTED], 2022;
2. If Petitioner is eligible for benefits, provide him with MA coverage from the date of application, ongoing; and
3. Notify Petitioner of its decision in writing.



LJ/tm

---

**Linda Jordan**  
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 / Interested Parties**

Susan Noel  
Wayne-Inkster-DHHS  
26355 Michigan Ave  
Inkster, MI 48141  
**MDHHS-Wayne-19-  
Hearings@michigan.gov**

C. George  
EQAD Hearing  
BSC4  
MOAHR

**Via-First Class Mail :**

**Petitioner**

████████████████████  
████████████████████  
██████ MI ██████