



GRETCHEN WHITMER  
GOVERNOR

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

MARLON I. BROWN, DPA  
DIRECTOR

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

Date Mailed: March 15, 2024  
MOAHR Docket No.: 23-009340  
Agency No.: ██████████  
Petitioner: █████ █████

**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 15, 2024, from Lansing, Michigan. █████ █████ the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Jarrod Swartz, Assistance Payments Supervisor (APS).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-21.

**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. On October █████ 2023, Petitioner applied for MA. (Exhibit A, pp. 8-12)
2. On October █████ 2023, a Verification Checklist was issued to Petitioner requesting verification of income for the last 30 days with a due date of October 30, 2023. (Exhibit A, pp. 13-14)
3. On October 26 and 27, 2023, screen shots of check stubs were submitted that did not show any name. (Exhibit A, pp. 15-17)

4. On November █ 2023, a Health Care Coverage Determination notice was issued to Petitioner stating MA was denied based the failure to provide requested verification of income. (Exhibit A, pp. 18-20)
5. On December 14, 2023, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, pp. 4-7)

### **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, 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, a Verification Checklist was issued to Petitioner on October █ 2023, requesting verification of income for the last 30 days with a due date of October 30, 2023. (Exhibit A, pp. 13-14). On October █ and █ 2023, screen shots of check stubs were submitted that did not show any name. (Exhibit A, pp. 15-17). The Department determined that was not a valid verification of Petitioner's income. (Exhibit A, pp. 2 and 15).

Accordingly, on November █ 2023, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied based the failure to provide requested verification of income. (Exhibit A, pp. 18-20).

Petitioner questioned why the Department did not send him an email to let him know that the screen shots he submitted were invalid before denying the application. (Petitioner Testimony). The APS testified that the Department does send emails when incorrect verification is submitted. However, clients are encouraged to call to ensure verifications are received and the information is correct. (APS Testimony).

Petitioner asserted that he brought paycheck stubs with his name on them and a form to the local Department office prior to the due date. However, Petitioner did not recall specifically what day he dropped them off. (Petitioner Testimony). The case record does not show anything being turned in at the local office during the timeframe of the Verification Checklist at issue for this appeal. (Exhibit A, pp. 17 and 21; APS Testimony).

Overall, the evidence does not show that Petitioner provided complete paycheck stubs to verify his income prior to the October █ 2023 due date.

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**  
Kimberly Kornoelje  
Kent County DHHS  
**MDHHS-Kent-**  
**Hearings@michigan.gov**

**SchaferM**

**EQADHearings**

**BSC3HearingDecisions**

**MOAHR**

**Via-First Class Mail :**

**Petitioner**  
[REDACTED]  
[REDACTED]  
[REDACTED]