



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 28, 2024
MOAHR Docket No.: 24-000092
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 27, 2024, from Lansing, Michigan. [REDACTED] [REDACTED] the Petitioner appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Valarie Foley, Hearing Facilitator.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-19.

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 November [REDACTED] 2023, Petitioner submitted a Redetermination for his MA case. Petitioner reported self-employment income had changed to \$[REDACTED] per week. (Exhibit A, pp. 8-13)
2. On November [REDACTED] 2023, a Verification Checklist was issued to Petitioner requesting verification of self-employment income with a due date of November 21, 2023. (Exhibit A, pp. 14-15)

3. On November ■ 2023, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied effective January 1, 2024 based on the failure to return verification of income. (Exhibit A, pp. 16-19)
4. On January 3, 2024, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, pp. 3-6)

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, Petitioner submitted a Redetermination for his MA case on November ■ 2023. Petitioner reported self-employment income had changed to \$■ per week. (Exhibit A, pp. 8-13).

On November █ 2023, a Verification Checklist was issued to Petitioner requesting verification of self-employment income with a due date of November 21, 2023. (Exhibit A, pp. 14-15). The requested verification as not provided by the due date. (Exhibit A, p. 1; Hearing Facilitator Testimony). Accordingly, on November █ 2023, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied effective January 1, 2024 based on the failure to return verification of income. (Exhibit A, pp. 16-19).

Petitioner testified that he receives everything in the mail late. The street was torn up, for several months and there were problems receiving mail. Petitioner indicated he had submitted forms back to the Department late, but he had called and explained the mail issues, and was told to send the forms in anyways. After that, Petitioner was gone to Florida for a week. When he came back, Petitioner received the Verification Checklist, but it was already past the due date. Petitioner subsequently turned in the verification and then obtained a letter to verify his income. (Petitioner Testimony).

The Hearing Facilitator testified that the Department received the verification on December █ 2023. (Hearing Facilitator Testimony). Petitioner stated he also provided another letter in February. (Petitioner Testimony). The Hearing Facilitator testified that the Department received the letter on February █ 2024. (Hearing Facilitator Testimony). The Department is processing the verifications and will issue written notice of the determination to Petitioner. (Hearing Facilitator Testimony).

Overall, the evidence shows that at the time of the November █ 2023 determination, Petitioner had not provided the verifications requested on the November █ 2023, Verification Checklist by the November 21, 2023 due date. Accordingly, the denial of MA was appropriate at that time.

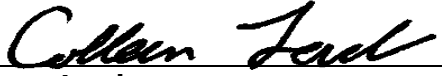
Further, the Department has properly started re-determining MA eligibility for Petitioner when the verifications were subsequently received. Once a new eligibility determination is made, the Department will issue a written notice to Petitioner. If Petitioner disagrees with the new determination, Petitioner 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
Susan Noel
Wayne-Inkster-DHHS
MDHHS-Wayne-19-
Hearings@michigan.gov

SchaeferM

EQADHearings

BSC4HearingDecisions

MOAHR

Via-First Class Mail :

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]