



GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: May 8, 2024
MOAHR Docket No.: 24-003862
Agency No.: [REDACTED]
Petitioner: [REDACTED] [REDACTED]

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on May 2, 2024, from Lansing, Michigan. Petitioner was represented by [REDACTED] [REDACTED]. The Department was represented by Stacy Smith and Laurel Palermo.

ISSUE

Did the Department of Health and Human Services (Department) properly deny Petitioner's application 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 or around February [REDACTED] 2024, the Department received Petitioner's application for Medical Assistance (MA) where she reported being in long term care as of October [REDACTED] 2023. Exhibit A, p 5.
2. Attached to Petitioner's application for Medical Assistance (MA) was an incomplete Assets Declaration form. Exhibit A, p 9.
3. On February [REDACTED] 2024, the Department sent Petitioner a Verification Checklist (DHS-3503) with a March 11, 2024, due date. Exhibit A, p 11.
4. On March [REDACTED] 2024, the Department notified Petitioner that her application for assistance had been denied. Exhibit A, p 14.
5. On March [REDACTED] 2024, the Department received Petitioner's request for a hearing protesting the denial of Medical Assistance (MA). 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 Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396 through 42 USC 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 through 42 CFR 420.25. The Department administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.103 through MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seq.*

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (March 1, 2024), p 9.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (November 1, 2023), pp 1-10.

Petitioner applied for MA benefits on or around February ■ 2024, and she requested long term care having been placed in institutional care on October ■ 2023. Attached to Petitioner's application for assistance was an incomplete Asset Declaration form. On February ■ 2024, the Department sent Petitioner a Verification Checklist (DHS-3503) with a March 11, 2024, due date where the information not verified on the Asset Declaration form was requested. On March ■ 2024, the Department had not received sufficient information to accurately determine Petitioner's eligibility for MA benefits, and it notified Petitioner that the application for MA benefits had been denied.

Petitioner's representative testified that the information the Department requested had been submitted to the Department in December of 2023, along with another application for assistance that had been previously denied by the Department for being incomplete. No evidence was available on the record to establish that the sufficient documentation of Petitioner's circumstances, including available assets and verification of how other assets had been disposed of, was submitted to the Department in a timely manner. Petitioner

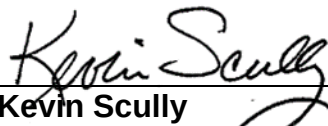
has reapplied again for MA benefits since filing her request for a hearing, and that application is pending further verification of Petitioner's circumstances.

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 denied Petitioner's February 26, 2024, application for assistance.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/dm



Kevin Scully
Administrative Law Judge
Michigan Office of Administrative Hearings
and Rules (MOAHR)

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
Megan Sterk
Allegan County DHHS
MDHHS-Allegan-
Hearings@michigan.gov

SchaeferM

EQADHearings

BSC3HearingDecisions

Via-First Class Mail :

MOAHR
Petitioner

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

Authorized Hearing Rep.

[REDACTED]
[REDACTED]
[REDACTED]