



GRETCHEN WHITMER
GOVERNOR

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

MARLON BROWN
DIRECTOR

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Date Mailed: August 28, 2024
MOAHR Docket No.: 24-006210
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 July 30, 2024, from Lansing, Michigan. █████ █████ the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Sara Estes, Hearing Facilitator (HF). █████ █████ was present as an observer.

During the hearing proceeding, the Depoartment’s hearing summary packet was admitted as Exhibit A, pp. 1-59.

ISSUE

Did the Department properly determine Petitioner’s household’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 February █████ 2024, Petitioner applied for MA for his household. Two bank accounts were reported. (Exhibit A, pp. 7-20)
2. On March █████ 2024, Petitioner submitted screen shots of two █████ █████ checking accounts. No account holder names were included on the screen shot. (Exhibit A, pp. 21-22)

3. On April ■ 2024, a Verification Checklist was issued to Petitioner requesting verification of all income with a due date of April 15, 2024. (Exhibit A, pp. 23-24)
4. On April ■ 2024, a Verification Checklist was issued to Petitioner requesting verification of bank accounts with a due date of April 26, 2024. (Exhibit A, pp. 25-26)
5. On April ■ 2024, Petitioner submitted an account summary for one of the ■ accounts, but account holder name(s) were not included. (Exhibit A, pp. 27-50)
6. On April ■ 2024, a Health Care Coverage Determination Notice was issued to Petitioner denying MA for Petitioner and his spouse based on the failure to provide acceptable verification of bank accounts; denying MA for S.A. based on not meeting age requirements and exceeding income limits; and approving MA for minor children L.A. and M.A. (Exhibit A, pp. 3, 9, 20, and 51-56)
7. On May ■ 2024, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, p. 5)
8. On June 4, 2024, the case was reviewed and it was found that the application was not processed correctly. Errors were corrected and additional verifications were requested. (Exhibit A, pp. 3-4; Hearing Coordinator Testimony).

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.

On February █ 2024, Petitioner applied for MA for his household. Two bank accounts were reported. (Exhibit A, pp. 7-20). On March 11, 2024, Petitioner submitted screen shots of two █ █ checking accounts. No account holder names were included on the screen shot. (Exhibit A, pp. 21-22).

On April █ 2024, a Verification Checklist was issued to Petitioner requesting verification of all income with a due date of April 15, 2024. (Exhibit A, pp. 23-24).

On April █ 2024, a Verification Checklist was issued to Petitioner requesting verification of bank accounts with a due date of April █ 2024. (Exhibit A, pp. 25-26). On April █ 2024, Petitioner submitted an account summary for one of the █ █ accounts, but account holder name(s) were not included. (Exhibit A, pp. 27-50). This was not sufficient verification for that account because no account holder names were listed. Further, no additional verification was provided for the second account.

On April █ 2024, a Health Care Coverage Determination Notice was issued to Petitioner denying MA for Petitioner and his spouse based on the failure to provide acceptable verification of bank accounts; denying MA for S.A. based on not meeting age requirements and exceeding income limits; and approving MA for minor children L.A. and M.A. (Exhibit A, pp. 3, 9, 20, and 51-56).

After the hearing request was filed, the case was reviewed and it was found that the application was not processed correctly. Errors were corrected and additional verifications were requested. (Exhibit A, pp. 3-4; Hearing Coordinator Testimony). For example, relationship details were corrected because S.A. is not under age 19 and files taxes on their own. Similarly, alien status details were also updated. (Exhibit A, pp. 3-4, 9, and 20)

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 did not act in accordance with Department policy when it determined Petitioner's household's eligibility for Medical Assistance (MA). The Department acknowledged that errors were made in processing the application. The application should be reprocessed.

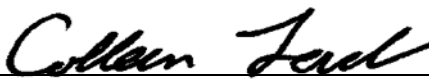
DECISION AND ORDER

Accordingly, the Department's decision is **REVERSED**.

THE DEPARTMENT 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. If not already completed, re-process the February ■ 2024 application for MA in accordance with Department policy.

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
Janice Collins
Genesee County DHHS Union St
District Office
**MDHHS-Genesee-UnionSt-
Hearings@michigan.gov**

SchaeferM

EQADHearings

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MOAHR

Via-First Class Mail :

Petitioner

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