



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 29, 2024
MOAHR Docket No.: 24-006495
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 31, 2024, from Lansing, Michigan. ██████ ██████ the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Zina Ani, Supervisor, and Lisa Angel, Eligibility Specialist (ES).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-27

ISSUE

Did the Department properly determine Petitioner's family'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 submitted a Renew Benefits for the MA case. In part, Petitioner indicated a savings account should be added, stock/mutual fund account should be removed, self-employment income should be removed, and medical expenses should be added. (Exhibit A, pp. 7-13)
2. On April █ 2024, a Verification Checklist was issued to Petitioner requesting verification of checking account, wages/salaries/tips/commissions, employment,

IRA account, and savings account with a due date of April 15, 2024. (Exhibit A, pp. 14-15)

3. On May █ 2024, Health Insurance Verification forms were generated for two household members that are children with a due date of May 13, 2024. (Exhibit A, pp. 16-19)
4. The Department determined that MA would be denied because the requested verifications were not returned to the Department. (Exhibit A, pp. 2, 20, and 27; Department Testimony)
5. On June █ 2024, a Health Care Coverage Determination Notice was issued to Petitioner. (Exhibit A, pp. 21-26)
6. On May 28, 2024, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, pp. 4-6)

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.

The Department must periodically redetermine or renew an individual's eligibility for active programs. The redetermination/renewal process includes thorough review of all eligibility factors. BAM 210, January 1, 2024, p. 1. MA Benefits stop at the end of the benefit period unless a renewal is completed, and a new benefit period is certified. BAM 210, p. 4.

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, May 1, 2024, 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, on February █ 2024, Petitioner submitted a Renew Benefits for his MA case. In part, Petitioner indicated a savings account should be added, stock/mutual fund account should be removed, self-employment income should be removed, and medical expenses should be added. (Exhibit A, pp. 7-13).

On April █ 2024, a Verification Checklist was issued to Petitioner requesting verification of checking account, wages/salaries/tips/commissions, employment, IRA account, and savings account with a due date of April 15, 2024. (Exhibit A, pp. 14-15).

On May █ 2024, Health Insurance Verification forms were generated for two household members that are children with a due date of May 13, 2024. (Exhibit A, pp. 16-19).

The Department determined that MA would be denied because the requested verifications were not returned to the Department. (Exhibit A, pp. 2, 20, and 27; Department Testimony). Accordingly, on June 1, 2024, a Health Care Coverage Determination Notice was issued to Petitioner. (Exhibit A, pp. 21-26).

Petitioner asserted that there were no significant changes to the family's income, employment status, insurance status, or any other material change. (Exhibit A, p. 5). However, several changes were noted on the Renew Benefits Petitioner submitted on February █ 2024. Petitioner indicated a savings account should be added, stock/mutual fund account should be removed, self-employment income should be removed, and medical expenses should be added. (Exhibit A, pp. 7-13). Regardless of whether Petitioner feels the changes are significant, the Department would need to verify these reported changes to determine ongoing eligibility for MA.

Petitioner testified that he received the request for information just three days before the due date. Petitioner tried to gather the information he could in that limited timeframe. Petitioner testified that he mailed the verifications via US mail on the 12th or 13th. (Petitioner Testimony). Unfortunately, the Department did not receive the verifications Petitioner mailed. The Department cannot process verifications they did not receive. Further, there was no record that Petitioner contacted the Department to request additional time to provide the requested information if this was needed to obtain the requested information.

Petitioner stated that he has received multiple eligibility notifications. (Petitioner Testimony). The Department reviewed the case record, which indicated there was also a denial notice issued on April █ 2024, which related to a prior request for verifications for in March 2024. (Department Testimony). Petitioner explained that he was determined legally blind in 2010. There were a lot of notices and requests for information in February, March, and April. Petitioner tries his best to respond to everything in a timely manner. Petitioner also noted that trying to contact the Department by phone is very difficult. Petitioner has tried to call several times and was on hold for at least 90 minutes. (Petitioner Testimony).

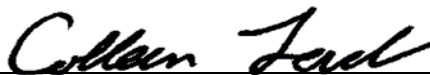
The denial at issue for this case was based on the failure to respond to the April █ 2024, Verification Checklist, which had a due date of April 15, 2024. Further, on May █ 2024, Health Insurance Verification forms with a due date of May 13, 2024. At the time of the June █ 2024, Health Care Coverage Determination Notice, Petitioner had not provided the requested verifications. (Exhibit A, pp. 2, 14-20, and 27; Department Testimony). The denial must be upheld because the Department did not receive any response to these requests for verifications.

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 family'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

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Via-First Class Mail :

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