



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
SUZANNE SONNEBORN  
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA  
DIRECTOR

██████████  
██████████  
██████████ MI ██████████

Date Mailed: September 27, 2024  
MOAHR Docket No.: 24-008373  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Linda Jordan**

### **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 hearing was held on August 29, 2024, via teleconference. Petitioner appeared and represented himself. Alexis Bratcher, Eligibility Specialist, appeared on behalf of the Michigan Department of Health and Human Services (MDHHS or Department). MDHHS' Hearing Packet was admitted into evidence at the hearing as MDHHS Exhibit A, pp. 1-28.

### **ISSUE**

Did MDHHS properly deny Petitioner's application for Medicaid (MA) coverage?

### **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 ██████████, 2024, Petitioner applied for MA coverage, reporting possible income from an election-day position on May 7 (Exhibit A, pp. 7-10).
2. On May 3, 2024, MDHHS sent Petitioner a Verification Checklist (VCL), indicating that it needed to verify income information to determine Petitioner's eligibility for MA (Exhibit A, pp. 13-28). The VCL indicated that proofs were due by May 13, 2024 (Exhibit A, p. 13).
3. On May 20, 2024, MDHHS sent Petitioner a Health Care Determination Notice indicating that he was not eligible for MA, effective May 1, 2024 ongoing, for failure to verify income information (Exhibit A, p. 15).

4. On July 1, 2024, Petitioner requested a hearing regarding his MA coverage (Exhibit A, pp. 4-5).

### **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).

Medicaid (MA) 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. MDHHS administers MA pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, MDHHS denied Petitioner's MA application because it alleged that he failed to return the requested verifications regarding his income prior to the verification deadline.

MDHHS requests verification of a client's written or verbal statements when required by policy or when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130 (October 2023), p. 1. The questionable information might be from a client or third party. *Id.* Verification is usually required at application or redetermination. *Id.* To request verification, MDHHS must send the client a Verification Checklist (VCL), which tells the client what verification is required, how to obtain it and the due date. *Id.*, pp. 3-4. Before determining eligibility, MDHHS must give the client a reasonable opportunity to resolve any discrepancy between the client's statements and information from another source. *Id.*, p. 9. Clients must obtain the verification, but MDHHS must assist the client if the client needs and requests help. *Id.*, p. 4. MDHHS is also required to assist clients in obtaining the verifications if the client indicates the existence of a disability that impairs their ability to gather information. *Id.*, p. 1. If neither the client nor the local office can obtain verification despite a reasonable effort, MDHHS must use the best available information. *Id.*, p. 4. If no evidence is available, MDHHS is required to use its best judgment. *Id.* Verification is not required for excluded income and assets unless verification is needed to establish the exclusion. *Id.* A collateral contact is a type of acceptable verification. *Id.*, pp. 2-3. A collateral contact is a direct contact with a person, organization or agency to verify information from the client. *Id.* It might be necessary when documentation is not available or when available evidence needs clarification. *Id.*

Here, Petitioner reported that he may have income as an [REDACTED] when he submitted the MA application. Because it was unclear whether he would have income, MDHHS requested verification of his income, which was appropriate and in line with the policies described above. MDHHS testified that it did not receive any verification or

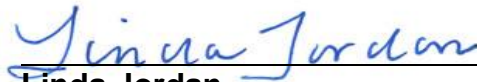
contact from Petitioner prior to the verification deadline, and therefore, it denied Petitioner's application for MA. At the hearing, Petitioner testified that he did not have income as an [REDACTED]. However, he did not present sufficient evidence to show that he notified MDHHS of this information prior to the verification deadline or that he attempted to contact MDHHS for assistance. Thus, MDHHS has satisfied its burden of demonstrating that it followed Department policy when it denied Petitioner's MA application for failure to return the requested verifications. Petitioner was advised that he could reapply for MA at any time and request retroactive MA coverage.

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 MDHHS acted in accordance with Department policy when it denied Petitioner's application for MA.

**DECISION AND ORDER**

Accordingly, MDHHS' decision is **AFFIRMED**.

LJ/pt

  
\_\_\_\_\_  
**Linda Jordan**  
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**  
Marci Walker  
Clinton County DHHS  
105 W. Tolles Drive  
St. Johns, MI 48879  
**MDHHS-Clinton-Hearings@michigan.gov**

**Interested Parties**

BSC2  
M. Schaefer  
EQAD  
MOAHR

**Via-First Class Mail:**

**Petitioner**

██████████

██████████

██████ MI ██████