



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: November 7, 2024
MOAHR Docket No.: 24-008912
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 October 3, 2024, from Lansing, Michigan. ██████ ██████ the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Rachel Meade, Hearings Coordinator (HC).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-30.

ISSUE

Did the Department properly deny Medical Assistance (MA) and Medicare Savings Program (MSP) benefits based on a failure to provide requested verifications?

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 April ██████ 2024, Petitioner submitted a Redetermination for MA and MSP. The household members were Petitioner ██████ wife ██████ and son ██████ Petitioner included a statement from ██████ bank. (Exhibit A, pp. 1-8)
2. On June ██████ 2024, the Department issued a Verification Checklist requesting verification of all earned and unearned income as well as asset verification from two accounts with ██████ bank with a due date of June 21, 2024. (Exhibit A, pp. 9-10)

3. On June [REDACTED] 2024, the Department contacted the Social Security Administration (SSA) and verified household income from SSA issued benefits. (Exhibit A, p. 14)
4. On June [REDACTED] 2024, the Department issued a Verification Checklist requesting verification of household member [REDACTED] employment with [REDACTED] with a due date of June 24, 2024. (Exhibit A, pp. 12-13)
5. On June [REDACTED] 2024, a Health Care Coverage Determination Notice was issued to Petitioner indicating effective August 1, 2023, son [REDACTED] was removed from the household MA group because he was receiving Supplemental Security Income (SSI) benefits and effective July 1, 2024, Petitioner is not eligible for full coverage MA or the MSP due to excess income. (Exhibit A, pp. 14-17)
6. On June [REDACTED] 2024, Petitioner submitted a written statement, copy of the June [REDACTED] 2024 Health Care Coverage Determination Notice, statements for three [REDACTED] bank accounts, and a blank partial copy of the Employment Verification form for [REDACTED] noting the employer was on vacation and they did not receive page 3 of the form. (Exhibit A, pp. 18-25)
7. On June [REDACTED] 2024, a Health Care Coverage Determination Notice was issued to Petitioner indicating: wife [REDACTED] was eligible for full coverage MA for June and July 2024; Petitioner was not eligible for MA effective August 1, 2024, and not eligible for the MSP effective July 1, 2024, based on the failure to provide verifications; son DPD removed from the household MA group effective September 1, 2023, because he receives SSI benefits; and wife [REDACTED] was not eligible for MA effective August 1, 2024 based on the failure to provide verifications. (Exhibit A, pp. 26-30)
8. On July 23, 2024, Petitioner submitted a hearing request contesting the Department's determination. (Hearing Request)

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.

SSI recipients cannot be fiscal or asset group members for MA. BEM 211, October 1, 2023, p. 7.

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. These conditions include that the customer/authorized representative need to make the request. An extension should not automatically be given. 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 is contesting the denial based on the failure to provide requested verifications. (Hearing Request).

On April [REDACTED] 2024, Petitioner submitted a Redetermination for MA and the Medicare Savings Program (MSP) and included a statement from [REDACTED] bank. The household members were Petitioner [REDACTED] wife [REDACTED] and son [REDACTED] (Exhibit A, pp. 1-8).

On June [REDACTED] 2024, the Department issued a Verification Checklist requesting verification of all earned and unearned income as well as asset verification from two accounts with [REDACTED] bank with a due date of June 21, 2024. (Exhibit A, pp. 9-10).

On June [REDACTED] 2024, the Department contacted the SSA and verified household income from SSA issued benefits. (Exhibit A, p. 14).

On June [REDACTED] 2024, the Department issued a Verification Checklist requesting verification of household member [REDACTED] employment with [REDACTED] with a due date of June 24, 2024. (Exhibit A, pp. 12-13).

On June [REDACTED] 2024, a Health Care Coverage Determination Notice was issued to Petitioner indicating effective August 1, 2023, son [REDACTED] was removed from the household MA group

because he was receiving SSI benefits and effective July 1, 2024, Petitioner is not eligible for full coverage MA or the MSP due to excess income. (Exhibit A, pp. 14-17).

On June [REDACTED] 2024, Petitioner submitted a written statement, copy of the June [REDACTED] 2024 Health Care Coverage Determination Notice, statements for three [REDACTED] bank accounts, and a blank partial copy of the Employment Verification form for [REDACTED] noting the employer was on vacation and they did not receive page 3 of the form. (Exhibit A, pp. 18-25). However, Petitioner did not request an extension of the due date.

On June [REDACTED] 2024, a Health Care Coverage Determination Notice was issued to Petitioner indicating: wife SDD was eligible for full coverage MA for June and July 2024; Petitioner was not eligible for MA effective August 1, 2024, and not eligible for the MSP effective July 1, 2024, based on the failure to provide verifications; son [REDACTED] removed from the household MA group effective September 1, 2023, because he receives SSI benefits; and wife SDD was not eligible for MA effective August 1, 2024 based on the failure to provide verifications. (Exhibit A, pp. 26-30).

Petitioner noted that he returned all needed proofs on June 20, 2024 in person at the Department office. (Petitioner Testimony). The Department explained that the only issue was that the Employment Verification form for Hadaway was not completed. (HC Testimony) While it was noted on the returned form that the employer was on vacation, Petitioner did not ask for an extension of the due date. Pursuant to the BAM 130 policy, extensions cannot automatically be given and must be requested by the client/authorized representative. The HC also noted that pages of the form that were returned did not have contact information for the employer. Therefore, the Department could not contact the employer to assist with obtaining the needed information. (HC Testimony)

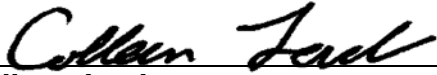
Overall, the evidence supports that the Department's determination to deny MA and MSP benefits for Petitioner and his wife based on the failure to provide requested verifications was in accordance with Department policy. The verification of employment form submitted for Petitioner's wife was not completed by the employer, Petitioner did not request an extension of the due date, and the Department did not have contact information of the employer to assist with obtaining the needed information.

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 MA and MSP benefits for Petitioner and his wife based on the failure to provide requested verifications.

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
Heather Dennis
Jackson County DHHS
MDHHS-Jackson-
Hearings@michigan.gov

SchaeferM

EQADHearings

BSC4HearingDecisions

MOAHR

Via-First Class Mail :

Petitioner

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