



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: December 11, 2024  
MOAHR Docket No.: 24-012112  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun**

**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 November 21, 2024, from Detroit, Michigan. Petitioner appeared for the hearing and represented himself. The Department of Health and Human Services (Department) was represented by Thomas Jones, Assistance Payments Supervisor.

**ISSUE**

Did the Department properly deny Petitioner's application for Medical Assistance (MA) benefits?

**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 ██████████ 2024, Petitioner submitted an application requesting MA benefits. On the application, Petitioner reported that he is self-employed with Close Home Improvement. (Exhibit A, pp.6-11)
2. On or around June 11, 2024, the Department sent Petitioner a Verification Checklist (VCL) Instructing him to submit proof of his earned and unearned income to the Department by June 21, 2024. The VCL informed Petitioner that he was to provide proof of the last 30 days for his employment, unemployment, social security benefits, pension, as well as proof of self-employment/expense records for the last year. Petitioner was informed that he could include copies of check stubs, self-employment records, or a statement from his source of income. (Exhibit A, pp.12-13)

3. The Department asserted that Petitioner failed to submit proof of his self-employment income by the June 21, 2024, due date identified on the VCL. (Exhibit A, p. 14)
4. On or around July 22, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice, advising him that effective June 1, 2024, ongoing, he was ineligible for MA benefits because he failed to verify information necessary to determine his eligibility. (Exhibit A, pp.15-17)
5. On or around October 25, 2024, Petitioner requested a hearing disputing the Department's denial of his MA application. (Exhibit A, pp. 3-5)

### **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).

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 this case, Petitioner disputed the denial of his [REDACTED] 2024, MA application.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (May 2024), p.1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. Although the client must obtain the required verification, the Department must assist if a client needs and requests help. If neither the client nor the Department can obtain the verification despite a reasonable effort, the Department is to use the best available information; and if no evidence is available, the Department is to use its best judgment. BAM 130, pp. 3-4.

For MA cases, clients are given 10 calendar days (or other time limit specified in policy) to provide the verifications requested by the Department. BAM 130, pp. 7-9. If the client cannot provide the verification despite a reasonable effort, the Department is to extend the time limit to submit the verifications up to two times. BAM 130, pp. 7-9. Verifications are considered to be timely if received by the date they are due. BAM 130, pp. 7-9. The

Department will send a negative action notice when the client indicates refusal to provide a verification, or the time period given has lapsed. BAM 130, pp. 8-9.

At the hearing, the Department representative testified that based on the income and employment information reported by Petitioner on the [REDACTED] 2024, MA application, the Department was required to verify Petitioner's income in order to determine his eligibility for MA benefits. The Department issued a VCL on June 11, 2024, instructing Petitioner to submit proof of his income by June 21, 2024. The Department representative testified that because Petitioner failed to submit any verification of his income by the June 21, 2024, due date identified on the VCL, the Department initiated the denial of Petitioner's MA application by issuing the July 22, 2024, Health Care Coverage Determination Notice. There was no evidence that Petitioner requested an extension or additional time to submit the requested verification or that Petitioner requested assistance from the Department in obtaining the verifications that were requested.


While Petitioner testified that he did not receive the VCL, Petitioner confirmed that he received the July 22, 2024, Health Care Coverage Determination Notice advising him of the denial of the MA application. There was no evidence that the VCL sent to Petitioner was returned to the Department as undeliverable by the United States Postal Service and no evidence that Petitioner reported any problems with his mail to the Department. Petitioner testified that he did not contact the Department regarding the denial of the application until he requested a hearing in October 2024. The Department representative testified that after receiving Petitioner's request for hearing, a representative from the Department spoke with Petitioner and advised him of the specific verification of self-employment income that could be submitted.

Upon review, notwithstanding Petitioner's testimony during the hearing, Petitioner reported on his application that he was employed and had self-employment income. In accordance with Department policy, Petitioner was required to submit verification of his income in order for the Department to review his eligibility for MA. Petitioner failed to submit any verification of his income to the Department prior to the denial of the application. Therefore, 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 [REDACTED] 2024, MA application. Petitioner is advised that he is entitled to submit a new application for MA benefits and his current MA eligibility will be determined.

### **DECISION AND ORDER**

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

ZB/ml

  
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**Zainab A. Baydoun**  
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**

Tracey Jones  
Oakland County Southfield District III  
25620 W. 8 Mile Rd  
Southfield, MI 48033  
**MDHHS-Oakland-6303-Hearings@michigan.gov**

**Interested Parties**

BSC4  
M Schaefer  
EQAD  
MOAHR

**Via First Class Mail:**

**Petitioner**

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