



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

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██████████, MI ██████████

Date Mailed: January 9, 2025
MOAHR Docket No.: 24-012246
Agency No.: ██████████
Petitioner: ██████ ██████

ADMINISTRATIVE LAW JUDGE: Caralyce M. Lassner

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 by telephone on December 12, 2024. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by Shyla Coleman, Hearings Facilitator and Eligibility Specialist.

ISSUE

Did the Department properly determine Petitioner's Medicaid (MA) for herself, her adult son ██████████ (CH), and her two minor children (Children)?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner, CH, and Children were ongoing recipients of MA.
2. On ██████████ ██████████ 2024, the Department received a completed application for MA from Petitioner for herself, CH, and Children. Petitioner reported that she is unmarried, files income tax returns, and claims Children. She also reported that CH files income tax returns and claims no dependents. (Exhibit A, pp. 18 – 20).
3. On October 18, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice (HCCDN) that closed MA for Petitioner, CH, and Children effective November 1, 2024 ongoing for failure to return a redetermination application. (Exhibit A, pp. 6 – 9).

4. On October 28, 2024, the Department received a request for hearing from Petitioner that disputed that she failed to return the redetermination application. (Exhibit A, pp. 3 – 5).
5. On November 6, 2024, the Department located and processed the September 10, 2024 MA application and sent Petitioner a HCCDN that approved:
 - a. Petitioner for full coverage MA for October 2024, and Plan First Family Planning (PFFP) for November 1, 2024 ongoing,
 - b. CH for full coverage MA for October 2024, and PFFP for November 1, 2024 ongoing,
 - c. Children for full coverage MA for October 2024, and November 1, 2024 ongoing.(Exhibit A, pp. 18 – 20).
6. On November 6, 2024, the Department also sent Petitioner a Verification Checklist (VCL) and employment verification forms for both Petitioner and CH, requesting verification of each of their incomes by November 18, 2024. (Exhibit A, pp. 21 – 28).

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.

Initially Petitioner requested a hearing to dispute the Department's determination that she failed to return the redetermination application. Upon receipt of Petitioner's request for hearing, the Department located and processed Petitioner's redetermination application. As of the date of the hearing, Petitioner and CH were approved for PFFP only November 1, 2024 ongoing and their eligibility for other MA coverage was pending requested verification of income. Children were approved for full coverage MA effective October 1, 2024 ongoing.

At the hearing, Petitioner clarified that she was seeking clarification of the status of her and CH's MA effective November 1, 2024 ongoing.

When verification of a client's information is required to determine MA eligibility, the Department must tell the client what verification is required, how to obtain it, and the due date. BAM 130 (May 2024), p. 3; see also BEM 105 (March 2024), p. 1; BEM 211 (October 2023), p. 1; BEM 400 (June 2024), p. 1. Clients have primary responsibility for providing requested verifications and must take actions within their ability to obtain verifications to the Department within 10 days. BAM 130, p. 3; BAM 105, pp. 7 – 8, 12; see also BEM 502 (June 2024), p. 7.

Here, upon receipt of Petitioner's request for hearing, the Department located and processed Petitioner's redetermination application. The Department also sent Petitioner a VCL and employment verification forms on November 6, 2024 for both Petitioner's and CH's income and requested the verifications be returned by November 18, 2024. Although Petitioner credibly testified that she returned paystubs for both herself and CH by US Postal Service prior to November 18, 2024, the Department had no record of having received the requested verifications. Because the Department did not receive the verifications Petitioner sent, during the hearing Petitioner authorized the Department to obtain the requested income verifications through the Work Number by Equifax and the Department testified that it was able to do so.

Therefore, although the Department initially failed to properly process Petitioner's MA application for redetermination, it properly reinstated Petitioner's MA case promptly upon discovering its error and no outstanding issue in that regard remained as of the date of the hearing. However, the Department requested verification of Petitioner's and CH's income in accordance with policy to determine if either of them were eligible for more a beneficial MA coverage and had not received it as of the date of the hearing. Therefore, the Department properly approved Petitioner and CH for PFFP only effective November 1, 2024, and pended Petitioner's and CH's MA for verification of their income as to more beneficial 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 Department acted in accordance with Department policy when it promptly processed Petitioner's redetermination application upon discovering that it had failed to do so and properly requested verification of Petitioner's and CH's income.

DECISION AND ORDER

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



CML/nr

Caralyce M. Lassner
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
Jeanenne Broadnax
Wayne-Taylor-DHHS
25637 Ecorse Rd.
Taylor, MI 48180
MDHHS-Wayne-18-Hearings@michigan.gov

Interested Parties

BSC4
M. Schaefer
EQAD
MOAHR

Via-First Class Mail :

Petitioner

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