

[REDACTED]
[REDACTED]
[REDACTED]
Date Mailed: February 12, 2025
MOAHR Docket No.: 24-013061
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 January 7, 2025, from Lansing, Michigan. Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Kathy Durr and Kimberly Jefferson. Department Exhibit 1, pp. 1-13 was received and admitted.

ISSUE

Did the Department properly close household member [REDACTED]'s MA coverage for failing to verify stopped employment?

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 October 10, 2024, a verification checklist was sent to Petitioner requesting verification of employment income for household member [REDACTED].
2. Petitioner did not provide verification of employment income for [REDACTED] prior to the deadline on the verification checklist.
3. On October 30, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that [REDACTED]'s health care coverage was closing because verification of income was not received.
4. On November 18, 2024, Petitioner requested a hearing disputing the closure of MA for [REDACTED].

5. On November 27, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that [REDACTED] was approved for HMP effective December 1, 2024.

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.

Send a negative action notice when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p.7

In this case, Petitioner's daughter had employment income that she reported stopped. A verification checklist was sent to her with an employment verification form requesting confirmation that her employment ended. Petitioner or her daughter did not provide verification that her employment ended, therefore it was proper for the Department to pursue closure of MA. BAM 130

Petitioner testified at hearing that her daughter has new employment and she would be providing verification of her new employment when she gets her first check stub. It was explained that her eligibility would be determined based on the new information she provides.

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 closed household member [REDACTED]'s MA case for failing to provide verification of stopped employment.

DECISION AND ORDER

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

AM/mp



Aaron McClintic

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

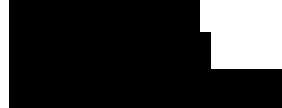
Trista Waishkey
Washtenaw County DHHS
22 Center Street
Ypsilanti, MI 48198
MDHHS-Washtenaw-
Hearings@michigan.gov

Interested Parties

EQAD Hearings
M. Schaefer
MOAHR
BSC4

Via-First Class Mail :

Petitioner

A large rectangular black redaction box covering several lines of address information.