

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-003704
Issue No.: 2003
Case No.: [REDACTED]
Hearing Date: May 06, 2015
County: Gladwin

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant'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; 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 May 6, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Family Independence Specialist; and [REDACTED], Partnership Accountability Training Hope (PATH) Coordinator.

ISSUE

Did the Department properly close Claimant's Medical Assistance (MA) case based on a failure to return the Redetermination?

FINDINGS OF FACT

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

1. Claimant was a recipient of Medicaid (MA-AD Care) and Medical Savings Program (MSP) benefits.
2. On January 13, 2015, a Redetermination form was issued to Claimant with a due date of February 2, 2015.
3. On February 13, 2015, a Health Care Coverage Determination Notice was issued to Claimant indicating her MA benefits would close effective March 1, 2015, based on a failure to return the Redetermination form.

4. On February 23, 2015, Claimant filed a Hearing Request contesting the Department's action.

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 of Health and Human Services must periodically redetermine or renew an individual's eligibility for active programs. The redetermination process includes thorough review of all eligibility factors. Redetermination, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs. BAM 210, July 1, 2014, p. 1.

A Claimant must cooperate with the local office in determining initial and ongoing eligibility, including completion of necessary forms, and must completely and truthfully answer all questions on forms and in interviews. BAM 105, January 1, 2015, p. 8.

Verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. Verifications are considered timely if received by the date they are due. The Department must allow a client 10 calendar days (or other time limit specified in policy) to provide the requested verification. The Department worker 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 they need and requests help. If neither the client nor the local office can obtain verification despite a reasonable effort, the Department worker should use the best available information. If no evidence is available, the Department worker is to use their best judgment. For MA, if the client cannot provide the verification despite a reasonable effort, the time limit can be extended up to two times when specified circumstances exist. The Department is to send a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, October 1, 2014, pp. 1-8.

For 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. 2.

In this case, Claimant's MA case was due for Redetermination in February 2015. On January 13, 2015, a Redetermination form was issued to Claimant with a due date of February 2, 2015, to return the completed form. The Department did not receive the Redetermination form back from Claimant by the due date. Accordingly, on February 13, 2015, a Healthcare Coverage Determination Notice was issued to Claimant stating the MA case would close effective March 1, 2015, based on a failure to return the Redetermination form.

The Department confirmed that they did not receive the completed Redetermination form from Claimant in time to complete the Redetermination. Rather, the Department did not receive the Redetermination form from Claimant until March 31, 2015, which was after the MA case had closed.

Claimant testified she was sure that she sent it in the paperwork. Claimant explained that she thought it was all sent at the same time, with copies of bank statements and work pay stubs. Claimant described having a Department form re-sent to her. However, Claimant thought that the paperwork was first submitted after February 2, 2015, because she had to get paperwork from her 401K and from her work. Claimant was not sure of the date, but thought it was sometime in March.

The Department witness reviewed the electronic case file during the hearing proceedings, which showed that Claimant submitted bank statements, check stubs, and a Wage Match in February 2015. The Wage Match was issued on February 23, 2015. A March 11, 2015, case note from the worker noted a conversation with Claimant and indicated there may have been confusion with the Wage Match being mistaken for the Redetermination.


The evidence indicates that several requests for information were issued to Claimant around February 2015. It appears that this may have caused some confusion as Claimant timely complied with the request for the Wage Match information but not the Redetermination. The Redetermination was due in February 2015, but the Department did not receive Claimant's Redetermination packet until March 31, 2015. Ultimately, the BAM 210 policy is clear that MA benefits stop at the end of the benefit period unless a renewal is completed and a new benefit period is certified. The Department did not receive the Redetermination form back from Claimant in time to certify a new benefit period. Accordingly, the closure of the MA case must be upheld.

If she has not already done so, Claimant may wish to re-apply for MA.

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 Claimant's MA case based on a failure to complete the Redetermination.

DECISION AND ORDER

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



Colleen Lack
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **5/20/2015**

Date Mailed: **5/20/2015**

CL/jaf

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date. A copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from MAHS within 30 days of the mailing date of this Hearing Decision, or MAHS **MAY** order a rehearing or reconsideration on its own motion. MAHS **MAY** grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

cc:

