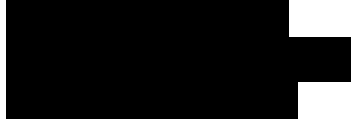


**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

IN THE MATTER OF:



MAHS Reg. No.: 15-022851
Issue No.: 2003
Agency Case No.: [REDACTED]
Hearing Date: February 11, 2016
County: WAYNE-DISTRICT 15

ADMINISTRATIVE LAW JUDGE: Eric Feldman

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; 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 February 11, 2015, from Detroit, Michigan. The Petitioner was represented by [REDACTED] (Petitioner). The Department was represented by [REDACTED], Assistant Payment Worker.

ISSUE

Did the Department properly close Petitioner's Medical Assistance (MA) benefits effective December 1, 2015?

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 and her group members were ongoing MA recipients.
2. On [REDACTED], the Department sent Petitioner a redetermination (review of MA eligibility) and it was due back by November 2, 2015. See Exhibit A, pp. 7-12.
3. In November 2015, Petitioner indicated that she mailed the completed redetermination via the United States Postal Service (USPS).
4. The Department indicated that it never received Petitioner's redetermination before the benefit period had ended ([REDACTED]).
5. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice (determination notice) notifying her that her and her group

members MA benefits would close effective [REDACTED], due to the failure to submit the redetermination. See Exhibit A, pp. 14-17.

6. On [REDACTED] Petitioner filed a hearing request, protesting the Department's action. See Exhibit A, pp. 3-4.

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.

Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (July 2015), p. 8. This includes completion of necessary forms. BAM 105, p. 8. The local office must assist clients who ask for help in completing forms or gathering verifications. BAM 105, p. 14.

Redetermination, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs. BAM 210 (October 2015), p. 1. A complete redetermination is required at least every 12 months. BAM 210, p. 1. Local offices must assist clients who need and request help to complete applications, forms and obtain verifications. BAM 210, p. 1.

For MA cases, 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. Also, the renewal month is 12 months from the date the most recent complete application was submitted. BAM 210, p. 2.

The Department does not redetermine the following MA coverages:

- Special N/Support; see BEM 113.
- Title IV-E recipients; see BEM 117.
- Special needs adoption assistance recipients; see BEM 117.
- Department wards; see BEM 117.
- Supplemental Security Income (SSI) recipients; see BEM 150.

BAM 210, p. 3.

A redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed. BAM 210, p. 10. Exception: For FIP, SDA and FAP only, if any section of the redetermination/review packet has not been completed but there is a signature, consider the redetermination/review complete. BAM 210, p. 10. Complete any missing sections during the interview. BAM 210, p. 10. When a complete packet is received, the Department records the receipt in its system as soon as administratively possible. BAM 210, p. 10. If the redetermination is submitted through MI Bridges, the receipt of the packet will be automatically recorded. BAM 210, p. 10. For MA cases, benefits are not automatically terminated for failure to record receipt of the redetermination packet. BAM 210, p. 11.

In the present case, Petitioner testified that she mailed to the Department the completed redetermination via [REDACTED] in November 2015. Petitioner testified that she hand wrote the Department's address, but was unsure what address she wrote on the envelope. Petitioner indicated she also received other correspondences from the Department and/or her insurance company during the same time period in which the redetermination process had occurred. Petitioner indicated that she received a letter stating she had insurance, but then received her closure notice. Petitioner was confused with the multiple correspondences and if whether there was a "glitch" in the system.

It should also be noted that Petitioner indicated there was not a return envelope in the redetermination packet. Policy states that the packet includes the following as determined by the Types of Assistance (TOA) to be redetermined:

- Redetermination/review form indicated above.
- Notice of review as determined by policy.
- Interview date.
- Interview type.
- Place and time.
- Required verifications.
- Due date.
- Return envelope.

BAM 210, p. 7.

In response, the Department indicated that it never received Petitioner's redetermination before the benefit period had ended ([REDACTED]). As part of the evidence record, the Department presented Petitioner's Electronic Case File (ECF) that shows a history of the documents Petitioner submitted to the Department. See Exhibit A, p. 5. A review of this document shows that the Department did not receive any redetermination for November 2015. See Exhibit A, p. 5. Moreover, the Department presented a

correspondence history that shows the redetermination was mailed to Petitioner on [REDACTED], which one could infer included a return envelope. See Exhibit A, p. 6.

Based on the foregoing information and evidence, the Department properly closed the MA benefits effective [REDACTED], in accordance with Department policy. It is evident that Petitioner received correspondences from both the Department and/or her insurance company notifying her that she had insurance, but then it was closed. Moreover, Petitioner argued that she mailed the redetermination at her own expense without a return envelope. Nonetheless, policy states that the Petitioner must complete the necessary forms in order to determine her ongoing MA eligibility. BAM 105, p. 8. The evidence established that Petitioner failed to submit the redetermination before the end of the benefit period ([REDACTED]). Because Petitioner failed to submit the redetermination before the end of the benefit period ([REDACTED]), the Department acted in accordance with Department policy when it closed Petitioner's and the group member's MA benefits effective [REDACTED]. See BAM 105, p. 8 and BAM 210, pp. 1-11. Petitioner can reapply for MA benefits.

DECISION AND ORDER

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 Petitioner's and her group member's MA benefits effective [REDACTED].

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



Eric Feldman
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **FEBRUARY 19, 2016**

Date Mailed: **FEBRUARY 19, 2016**

EF / hw

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:

