

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

IN THE MATTER OF:



MAHS Reg. No.: 15-020078
Issue No.: 2001, 2003
Agency Case No.: [REDACTED]
Hearing Date: January 11, 2016
County: WAYNE-18 (TAYLOR)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 January 11, 2016, from Detroit, Michigan. The Petitioner was represented by [REDACTED], the Petitioner's Authorized Hearing Representative (AHR). The Petitioner also appeared and testified on her own behalf. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly close the Petitioner's Medical Assistance (MA) and Medicare Cost Share benefit programs due to failure to timely complete 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. On August 17, 2015, the Department sent the Petitioner a Redetermination DHHS-1010 regarding her MA and Medicare Cost Sharing case. The due date for returning the Redetermination DHHS-1010 was September 1, 2015. Exhibit 1.
2. The Petitioner received the redetermination and was out of town until August 29, 2015. The Petitioner did not advise her caseworker that she was out of town or call the caseworker once she returned to advise why the redetermination would be late.
3. The Petitioner recently appointed [REDACTED] [REDACTED] as her Authorized Representative to assist her with regard to responding to the Department; at the

time of the redetermination the Petitioner did not have an Authorized Representative.

4. On September 18, 2015, the Department sent the Petitioner a Health Care Coverage Determination Notice advising the Petitioner that her Medicare Savings Program would close effective October 1, 2015.
5. Thereafter, the Petitioner completed the Redetermination, DHHS-1010 and returned it on October 1, 2015. Exhibit 3.
6. The Petitioner's timely hearing request was received October 20, 2015, protesting the closure of Petitioner's Medicare Savings Program Benefits and MA closure.

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, the Department sent the Petitioner a redetermination for MA and Medicare Cost Sharing benefit programs. The Redetermination was dated August 17, 2015, with a due date of September 1, 2015. Exhibit 1. The Petitioner testified that she was out of town during the period due a family emergency and returned to Michigan on August 29, 2015. The Department sent the Petitioner a Health Care Coverage Determination Notice advising the Petitioner that her MA and Medicare Cost Sharing case would close October 1, 2015. Exhibit 2. The Notice indicates that closure was due to failure to return the redetermination form. Even though the Petitioner received both of these documents and had ample time to complete the redetermination before closure of her case, she did not do so.

The Petitioner did receive the Redetermination and the Health Care Coverage Determination Notice and did not contact her caseworker for assistance regarding missing the due date, asking for an explanation or otherwise ask for help. The Redetermination form itself is quite informative and advises the client of what may happen if the redetermination is not completed by the due date, and how to get assistance. Although the Petitioner's AHR testified that she was unable to complete the information, the Department had no knowledge of any difficulties the Petitioner had

which required assistance to complete the form. The Petitioner filed the Redetermination on October 1, 2015, after her MA and Medicare Cost Sharing programs had closed; and thus, the Department's certification of eligibility did not occur prior to the closure.

The Michigan Department of Health & Human Services (MDHHS) must periodically redetermine or renew an individual's eligibility for active programs. The redetermination process includes thorough review of all eligibility factors. BAM 210 (January 1, 2016), p.1.

A new application, MI Bridges redetermination or DHHS-1010, Redetermination, must be completed at each redetermination of eligibility. BAM 115, (January 1, 2015), p. 9.

Medicaid

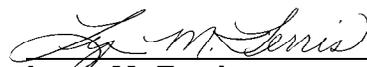
Benefits stop at the end of the benefit period **unless** a renewal is completed **and** a new benefit period is certified. Also, the renewal month is 12 months from the **date the most recent complete application was submitted**. BAM 210, p. 3

Based upon Department policy and the fact that the Petitioner's renewal was not completed prior to the end of the benefit period of October 1, 2015, no certification of a new benefit period was completed. Under these circumstances, it is determined that the Department properly closed the Petitioner's MA and Medicare Cost Sharing Programs. The Petitioner may reapply at any time.

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 the Petitioner's MA and Medicare Cost Sharing case for failure to complete the redetermination.

DECISION AND ORDER

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



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Mailed: **1/19/2016**

LMF/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:

