



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: June 9, 2016  
MAHS Docket No.: 16-004784  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton**

### **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 May 19, 2016, from Detroit, Michigan. The Petitioner was represented by Petitioner. The Department of Health and Human Services (Department) was represented by [REDACTED] Eligibility Specialist and [REDACTED], Assistance Payments Supervisor.

### **ISSUE**

Did the Department properly close Petitioner's MA benefits effective February 1, 2016 for 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. Petitioner is an ongoing MA recipient.
2. On [REDACTED], the Department mailed Petitioner a Redetermination which was required to be completed and returned on or before [REDACTED].
3. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice which notified Petitioner that her MA benefits would close effective [REDACTED].
4. Petitioner returned the Redetermination until [REDACTED].

5. Petitioner's MA benefits were not reinstated.
6. On [REDACTED], Petitioner filed a Request for Hearing disputing the Department's actions.

### 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.

Additionally, the Department is required to periodically redetermine or renew an individual's eligibility for active programs. The redetermination process includes thorough review of all eligibility factors. BAM 210 October 2015), p. 1. In this case, the Department indicated that it mailed a Redetermination to Petitioner on [REDACTED]. The Redetermination was required to be completed and returned by [REDACTED].

The Department testified that it did not receive the Redetermination by the due date, and had not received the Redetermination as of the date of the hearing. The Department indicated that because Petitioner failed to return the Redetermination, it sent Petitioner a Health Care Coverage Determination Notice on [REDACTED], which informed Petitioner that effective [REDACTED], her MA benefits would close effective [REDACTED].

Petitioner seemed to suggest that she was slightly confused by the language contained in the Redetermination. However, the Redetermination informed Petitioner that her benefits may close if she failed to return the document. Additionally, as previously stated the Health Care Coverage Determination Notice informed Petitioner that her MA benefits would close effective [REDACTED]. Petitioner did not return the Redetermination prior to the closure but instead waited until more than 30 days after the date of the Health Care Coverage Determination Notice. Petitioner stated that she submitted the documents on [REDACTED]. The Department indicated it did not receive the Redetermination until [REDACTED]. Both dates are after the effective date of the closure.

Petitioner testified that she did not have any medical expenses in February 2016. As such, it appears that the closure did not negatively impact Petitioner. Petitioner reapplied for benefits. The Department's decision based on the new application is not an issue that is before the undersigned and is therefore not addressed in this decision.

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 MA benefits for failure to return the Redetermination.

**DECISION AND ORDER**

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

JM/hw



---

**Jacquelyn A. McClinton**

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

**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 Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS 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. MAHS will not review any response to a request for rehearing/reconsideration.

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

**DHHS**

[REDACTED]

[REDACTED]

**Petitioner**

[REDACTED]