



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: June 3, 2016
MAHS Docket No.: 16-003291
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun

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 three way telephone hearing was held on May 5, 2016, from Detroit, Michigan. The Petitioner appeared for the hearing with her daughter, [REDACTED] and represented herself. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearings Facilitator and [REDACTED], Eligibility Specialist. [REDACTED] from [REDACTED] served as [REDACTED] interpreter.

ISSUE

Did the Department properly close Petitioner's Medical Assistance (MA) case on the basis that she failed to return a 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 was an ongoing recipient of MA benefits.
2. In connection with a redetermination, Petitioner's MA eligibility was reviewed.
3. On January 11, 2016, the Department sent Petitioner a Redetermination that she was instructed to complete and return to the Department by February 1, 2016. (Exhibit A)

4. The Redetermination was mailed to the address that the Department had on file for Petitioner.
5. Petitioner did not return the completed Redetermination by the due date.
6. On February 17, 2016, the Department sent Petitioner a Health Care Coverage Determination Notice (Notice) advising her that effective March 1, 2016, her MA case would be closed on the basis that she failed to return a redetermination. (Exhibit B)
7. Petitioner did not report a change in mailing address to the Department prior to the Redetermination or Notice being mailed.
8. On March 11, 2016, Petitioner requested a 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.

The Department must periodically redetermine an individual's eligibility for active programs. The redetermination process includes a thorough review of all eligibility factors. BAM 210 (January 2016), p. 1. Unless otherwise specified by Department policy, a client must complete a redetermination at least every 12 months in order for the Department to determine the client's continued eligibility for benefits. BAM 210, p. 1. A redetermination packet is considered complete when all sections of the redetermination form including the signature section are completed. BAM 210, p. 10. For MA cases, benefits stop at the end of the benefit period unless a redetermination is completed, requested verifications are received and a new benefit period is certified. BAM 210, p. 2. The Department will provide the client with timely notice of the negative action if the time limit is not met. BAM 210, p.14.

In this case, the Department testified that because it did not receive the completed Redetermination from Petitioner by the February 1, 2016, due date and because it did not receive any contact from Petitioner prior to the due date listed on the Redetermination, it sent Petitioner a Health Care Coverage Determination Notice advising that effective March 1, 2016, Petitioner's MA case would be closed due to a failure to return the redetermination. (Exhibit A; Exhibit B).

At the hearing, Petitioner stated that she did not complete and return the Redetermination because she did not receive it. Petitioner testified that she moved in November 2015 and was no longer receiving mail at the address where the Redetermination was sent. The Department stated that the Redetermination was sent to the address that the Department had on file for Petitioner and Petitioner confirmed that she did not notify the Department that she moved or that she had a new mailing address. Therefore, because Petitioner did not notify the Department of a change in mailing address, the Department properly sent the Redetermination to the address on file.

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 case, as she did not establish that she completed and returned the Redetermination by the due date or prior to the end of the benefit period.

DECISION AND ORDER

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

ZB/tlf



Zainab A. Baydoun
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

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