



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 10, 2016
MAHS Docket No.: 16-005781
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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 June 1, 2016, from Detroit, Michigan. Petitioner was represented by [REDACTED], an attorney and Petitioner's guardian under Letters of Guardianship dated July 22, 2015. Attorney [REDACTED] appeared as a witness on Petitioner's behalf. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Facilitator.

ISSUE

Did the Department properly close Petitioner's Medicaid (MA) case effective May 1, 2016?

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 a legally incapacitated adult.
2. Petitioner was an ongoing recipient of MA benefits.
3. Petitioner had been residing in an adult foster care facility on [REDACTED] in [REDACTED] until mid-November 2015.

4. From December 1, 2015 to March 9, 2016, Petitioner resided at [REDACTED] in Dearborn Heights.
5. On March 10, 2016, Petitioner was transferred to [REDACTED] in St. Clair Shores.
6. At 4:48 pm on March 14, 2016, the Department received a faxed facility admission notice from [REDACTED] that indicated that Petitioner had been admitted to the facility on March 10, 2016.
7. On March 14, 2016, the Department sent Petitioner a Long-Term Care Medicaid Redetermination Notice to the [REDACTED] address advising him that he had to submit a completed form to the Department by April 1, 2016 to determine his ongoing MA eligibility (Exhibit B).
8. On April 18, 2016, the Department sent Petitioner a Health Care Coverage Determination Notice notifying him that his MA case would close effective May 1, 2016 because it had not received a completed redetermination form (Exhibit A).
9. The Department did not receive a completed redetermination from Petitioner.
10. On April 28, 2015, the Department received a request for hearing from Petitioner's guardian disputing the closure of Petitioner's MA case.

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 the April 18, 2016 Health Care Coverage Determination Notice, the Department advised Petitioner that his MA case was closing effective May 1, 2016 because he had failed to submit a completed redetermination. The Department requires recipients of state benefits to complete redeterminations at least once every twelve months. BAM

210 (January 2016), p. 1. MA benefits stop at the end of the benefit period unless a redetermination is completed and a new benefit period is certified. BAM 210, p. 2.

In this case, the Department sent Petitioner an MA redetermination form on March 14, 2016 to the adult foster care facility on [REDACTED]. The evidence at the hearing established that the Department was aware that Petitioner had been living at the [REDACTED] [REDACTED] on [REDACTED] Avenue in Dearborn Heights prior to the date the redetermination was sent out and was notified on March 14, 2016, via a facility admission notice faxed to the Department, that Petitioner was transferred to [REDACTED] in St. Clair Shores on March 10, 2016 (Exhibit C and D). Because the redetermination the Department sent on March 14, 2016 was addressed to neither [REDACTED] nor [REDACTED], the Department failed to establish that it properly notified Petitioner of the redetermination he was required to complete.

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 did not act in accordance with Department policy when it closed Petitioner's MA case due to failure to complete the redetermination process.

DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Send Petitioner a redetermination at his current residence and a copy to his guardian;
2. Reprocess the redetermination if timely received;

3. If Petitioner timely responds and is eligible, reinstate his MA case effective May 1, 2016 and provide him with MA coverage he is eligible to receive from May 1, 2016 ongoing; and
4. Notify Petitioner and his guardian in writing of its decision.



ACE/tlf

Alice C. Elkin
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

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]