



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]
[REDACTED]

Date Mailed: September 16, 2016
MAHS Docket No.: 16-008999
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 September 8, 2016, from Detroit, Michigan. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by [REDACTED], Family Independence Manager, and [REDACTED], Assistance Payment Worker, both from the Department's Warren office, and [REDACTED], Family Independence Manager from the Department's Greydale/Grandmont office.

ISSUE

Did the Department properly close Petitioner's Medicaid (MA) case due to failure to return a completed 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 under the Healthy Michigan Plan (HMP).
2. On May 10, 2016, the Department sent Petitioner to her address of record a redetermination to determine her ongoing MA eligibility, requesting that she submit the completed form to the Department by June 1, 2016 (Exhibit A).

3. The Department did not receive a completed redetermination from Petitioner.
4. On June 17, 2016, the Department sent Petitioner a Health Care Coverage Determination Notice notifying her that her MA case would close effective July 1, 2016 because she had failed to return the redetermination (Exhibit A).
5. On June 28, 2016, the Department received Petitioner's request for hearing disputing the closure of her 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.

The Department explained that Petitioner was receiving MA under the HMP program but her case closed because she failed to return a completed redetermination. HMP is a Modified Adjusted Gross Income (MAGI)-related MA policy. BEM 137 (January 2016), p. 1. A thorough evaluation of ongoing eligibility for MAGI-related MA is required at least every 12 months. BAM 210 (January 2016), p. 1; Department of Health and Human Services MAGI-Related Eligibility Manual (MREM) (May 2014), § 11.1. A renewal packet is sent to the individual, and, in the event information has changed or is missing and the information is not available in the State of Michigan systems, the Department may request verification. MREM, § 11.2. Benefits stop at the end of the benefit period unless a renewal is completed and a new benefit period is certified.

In this case, the Department testified it sent Petitioner the redetermination form on May 10, 2016 to her address of record. The Department explained that the form was sent in the ordinary course of its business from its central office in Lansing. Petitioner testified that she did not receive the redetermination form, but she admitted she had received the June 17, 2016 Health Care Coverage Determination Notice advising her of the closure of her child's MA case. Under the evidence presented, Petitioner has failed to rebut the presumption that she received the redetermination sent to her in the Department's ordinary course of business. See *Goodyear v Roseville*, 468 Mich 944; 664 NW2d 751 (2003).

Petitioner conceded that she had not submitted a completed redetermination. Under the policy in effect at the time the redetermination form was sent to Petitioner, the Department acted in accordance with Department policy when it closed Petitioner's MA case for failure to return the completed redetermination. Petitioner is advised to reapply for MA and request retroactive coverage if she has outstanding medical bills in any of the three months prior to her application month.

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.

DECISION AND ORDER

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

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

DHHS

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

Petitioner

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

Via Email:

[REDACTED]
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