



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: March 6, 2017
MAHS Docket No.: 17-001088
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Eric J. Feldman

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 [REDACTED], from Detroit, Michigan. The Petitioner was present at the hearing and represented herself. The Department of Health and Human Services (Department) was represented by [REDACTED], Assistance Payment Worker.

ISSUE

Did the Department properly close Petitioner and her children's Medical Assistance (MA) benefits effective [REDACTED]?

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 and her children were ongoing recipients of MA benefits.
2. On [REDACTED], the Department sent Petitioner a Redetermination (DHS-1010) to redetermine their eligibility for MA benefits; and it was due back by [REDACTED]. Exhibit A, pp. 9-15.
3. The Department never received Petitioner's redetermination before the due date of [REDACTED], or by the end of the benefit period of [REDACTED].
4. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice (determination notice) notifying her that her and her

children's MA benefits would close effective [REDACTED], due to her failure to submit the redetermination. Exhibit A, pp. 5-8.

5. On [REDACTED], Petitioner filed a hearing request, protesting the Department's action. Exhibit A, pp. 2-3.
6. On [REDACTED], Petitioner also included the completed redetermination, which was after the due date. Exhibit A, pp. 9-15.

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.

Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (October 2016), p. 9. This includes completion of necessary forms. BAM 105, p. 9.

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

Redetermination, renewal, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs. BAM 210, p. 1.

Local offices must assist clients who need and request help to complete applications, forms and obtain verifications. BAM 210, p. 1.

For Medicaid, a redetermination is an eligibility review based on a reported change. BAM 210, p. 1. A renewal is the full review of eligibility factors completed annually. BAM 210, p. 1.

For the Modified Adjusted Gross Income (MAGI) Medicaid passive renewal process, MDHHS must use information currently available in STATE OF MICHIGAN systems to renew eligibility. BAM 210, p. 1. Do not request information from the beneficiary if the information is already available to MDHHS. BAM 210, p. 1. This includes completing a

renewal form. BAM 210, p. 1. Individuals must be able to select how many years to opt in to allowing MDHHS to access tax information to determine continuing eligibility, up to a maximum of 5 years. BAM 210, p. 1. Individuals must also have the opportunity to opt out of allowing the use of tax information. BAM 210, p. 1. Do not include individuals in the passive renewal process if this question is not answered on the application. BAM 210, p. 1.

Only information that has changed or is missing may be requested from the beneficiary. BAM 210, p. 2. The beneficiary is not required to take any action, such as signing or returning a notice if there has been no change in their circumstances. BAM 210, p. 2. If the information is not sufficient to renew eligibility, MDHHS must send a pre-populated renewal form to the beneficiary. BAM 210, p. 2. Allow the beneficiary 30 calendar days to respond and return the renewal form. BAM 210, p. 2. MDHHS must notify the beneficiary of their eligibility and the basis for the determination. BAM 210, p. 2.

A complete redetermination/renewal is required at least every 12 months. BAM 210, p. 2.

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

The Department does not redetermine the following MA coverages:

- Special N/Support; see BEM 113.
- Title IV-E recipients; see BEM 117.
- Special needs adoption assistance recipients; see BEM 117.
- Department wards; see BEM 117.
- Supplemental Security Income (SSI) recipients; see BEM 150.

BAM 210, p. 3.

A redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed. BAM 210, p. 11. Exception, for FIP, SDA and FAP only, if any section of the redetermination/review packet has not been completed but there is a signature, consider the redetermination/review complete. BAM 210, p. 11. Complete any missing sections during the interview. BAM 210, p. 11. When a complete packet is received, record the receipt in Bridges as soon as administratively possible. BAM 210, p. 11. If the redetermination is submitted through MI Bridges, the receipt of the packet will be automatically recorded. BAM 210, p. 12.

For MA cases, benefits are not automatically terminated for failure to record receipt of the renewal packet. BAM 210, p. 12.

In the present case, the evidence was unclear if Petitioner and her children were part of the passive renewal process for MAGI Medicaid cases to avoid completing the

redetermination. See BAM 210, p. 1. Nevertheless, the Department did issue her a redetermination to complete and it was due back by [REDACTED]. Exhibit A, pp. 9-15. The evidence established that Petitioner failed to submit the redetermination before the benefit period had ended ([REDACTED]), and the MA benefits closed effective [REDACTED]. Exhibit A, pp. 5-8.

In response, Petitioner testified that she misunderstood the redetermination and thought she did not have to complete the form. Petitioner referenced the “none required” language under the appointment date and time of the redetermination and believed this meant she did not have to submit the form. Exhibit A, p. 9. However, during a conversation with the Department in early [REDACTED], she was informed by the Department that the “none required” language meant that there was no interview required for the redetermination process, but still, she had to complete the redetermination form. On [REDACTED], Petitioner filed the hearing request and also submitted the redetermination, but it was after the due date. Exhibit A, pp. 2-3 and 9-15.


Based on the foregoing information and evidence, the Department properly closed Petitioner’s and her children’s MA benefits effective [REDACTED], in accordance with Department policy. Petitioner’s testimony indicated that she misunderstood the redetermination form and thought she did not have to complete the form, when in fact, the form had to be submitted. Exhibit A, p. 9. The redetermination informed Petitioner that it was due by [REDACTED], but technically, policy allows her to submit the redetermination by the end of the benefit period, which was [REDACTED]. Exhibit A, p. 9. The evidence established that Petitioner failed to submit the redetermination before the benefit period had ended. Ultimately, the Petitioner must complete the necessary forms in determining her ongoing MA eligibility. BAM 105, p. 9. Because Petitioner failed to submit a completed redetermination before the end of the benefit period (December 31, 2016), the Department acted in accordance with Department policy when it closed Petitioner and her children’s MA benefits effective [REDACTED]. BAM 105, p. 9 and BAM 210, pp. 1-12. Petitioner can reapply for MA benefits.

DECISION AND ORDER

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 MA benefits effective [REDACTED].

Accordingly, the Department’s MA decision is **AFFIRMED**.

EJF/jaf



Eric J. Feldman
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]

Petitioner

[REDACTED]

[REDACTED]