



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: September 18, 2017
MAHS Docket No.: 17-008904
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Landis Lain

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; 42 CFR 438.400 to 438.424; 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 6, 2017, from [REDACTED], Michigan. The Petitioner was represented by Petitioner and her mother [REDACTED]. The Department of Health and Human Services (Department or State or Respondent) was represented by [REDACTED] Family Independence Specialist and [REDACTED], Family Independence Manager.

Respondent's Exhibits 1-17 were admitted as evidence.

ISSUE

Did the Department properly cancel Petitioner's Medical Assistance and Medicare Cost Share benefits?

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 a Medicaid and Medicare Cost Share recipient.
2. On [REDACTED], redetermination paperwork was sent to Petitioner for both programs with a due date of [REDACTED].
3. As of [REDACTED], no redetermination packet had been returned.

4. On [REDACTED], The Department caseworker sent Petitioner a Health Care Coverage Determination Notice that Medicaid and Medicare Cost Share cases would be cancelled because Petitioner failed to return the redetermination form mailed or given to her for this purpose and/or to provide proofs. Therefore, the Department could not determine eligibility for assistance.
5. On [REDACTED], Petitioner's Medicaid and Medicare Cost share programs were closed.
6. On [REDACTED], the Michigan Administrative Hearing System received a Request for Hearing to contest the Department's negative action.

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.

Pertinent Department policy BAM 210 states:

The Michigan Department of Health & Human Services (MDHHS) must periodically re-determine or renew an individual's eligibility for active programs. The redetermination/renewal process includes thorough review of all eligibility factors.

Redetermination, renewal, semi-annual and mid-certification forms are often used to re-determine eligibility of active programs.

However, the client must complete a DHS-1171, Assistance Application, to request a program that is not active at the time of redetermination or a DCH-1426, Application for Health Coverage and Help Paying Costs, to request Medicaid or a MDE-4583, Child Development and Care (CDC) Application to request CDC. Local offices must assist clients who need and request help to complete applications, forms and obtain verifications; see Bridges Administrative Manual (BAM) 130, Obtaining Verification.

A redetermination is an eligibility review based on a reported change. A renewal is the full review of eligibility factors completed annually. A complete redetermination/renewal is required at least every 12 months. Verifications are due the same date as the redetermination/review interview. When an interview is not required, verifications are due the date the packet is due. Bridges allows clients a full 10 calendar days from the date the verification is requested (date of request is not counted) to provide all documents and information. If the tenth day falls on a weekend or holiday, the verification would not be due until the next business day. MAGI Medicaid beneficiaries have 30 calendar days to return the pre-populated renewal form. Bridges gives timely notice of the negative action if the time limit is not met.

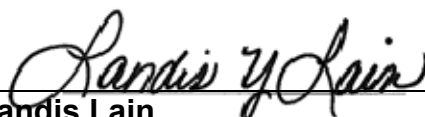
In this case, Petitioner testified that she received the packet and sent her information into the Department. The Petitioner did provide a copy of any documentation that she may have mailed to the Department. The evidence on the record indicates that the Department has no record of receiving the documentation. Thus, it was unable to re-determine Petitioner's eligibility under the circumstances.

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 has established by the necessary competent, material and substantial evidence on the record that it acted in accordance with Department policy when it closed Petitioner's Medical Assistance and Medicare Cost share cases because it did not receive redetermination information.

DECISION AND ORDER

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

LL/hb



Landis Lain
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]