

RICK SNYDER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

SHELLY EDGERTON DIRECTOR



Date Mailed: August 9, 2018 MAHS Docket No.: 18-005073

Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Kevin Scully

#### **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. After due notice, a telephone hearing was held on July 12, 2018, from Lansing, Michigan. Petitioner was represented by her authorized hearing representative Department of Health and Human Services was represented by Shanna Ward.

# **ISSUE**

Did the Department of Health and Human Services (Department) properly close Petitioner's Medical Assistance (MA)?

#### 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 Medical Assistance (MA) recipient.
- 2. On March 5, 2018, the Department sent Petitioner a Long-Term Care Medicaid Redetermination Notice (DHS-0035) form with an April 2, 2018, due date. Exhibit A, p 5.
- 3. On April 19, 2018, the Department notified Petitioner that she was no longer eligible for Medical Assistance (MA) effective May 1, 2018. Exhibit A, pp 7-9.
- 4. On May 7, 2018, the Department received Petitioner's request for a hearing protesting the closure of her Medical Assistance (MA) benefits. Exhibit A, pp 2-4.

### **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 and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (January 1, 2018), p 8.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (April 1, 2017), pp 1-10.

Petitioner was an ongoing MA recipient when the Department sent her a Long-Term Care Medicaid Redetermination Notice (DHS-0035) with a due date of April 2, 2018. When the Department did not receive the redetermination form back in a timely manner, the Department closed Petitioner's MA benefits effective May 1, 2018.

Reinstatement restores a closed program to active status without completion of a new application. Department of Health and Human Services Bridges Administrative Manual (BAM) 205 (July 1, 2015), p 1.

Since Petitioner failed to return the redetermination form before the due date, the Department as acting in accordance with policy when it closed her MA benefits. Since Petitioner did not return the redetermination or re-apply for benefits before May 1, 2018, reinstatement of MA benefits was not appropriate.

Petitioner has re-applied for MA since the closure of her MA benefits.

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 Medical Assistance (MA) benefits on April 19, 2018.

## **DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.

KS/hb

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) 763-0155; 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** 

Amber Gibson 5303 South Cedar PO BOX 30088 Lansing, MI 48911

Ingham County, DHHS

BSC2 via electronic mail

D. Smith via electronic mail

EQADHShearings via electronic mail

**Authorized Hearing Rep.** 

, MI

**Petitioner**