



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: June 25, 2019  
MOAHR Docket No.: 19-005065  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Jeffrey Kemm

**HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on June 20, 2019, from Lansing, Michigan. Petitioner, [REDACTED], appeared with his spouse, [REDACTED]. Family Independence Manager, Ryan Clemons, appeared for the Department of Health and Human Services (Department). Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 9-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

**ISSUE**

Did the Department properly terminate 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 received MA through the Healthy Michigan Plan from the Department.
2. In [REDACTED] 2018, Petitioner moved from [REDACTED] in [REDACTED] to [REDACTED] in [REDACTED]. Petitioner did not notify the Department of his move and change of address.
3. On [REDACTED], 2019, the Department mailed a redetermination to Petitioner at [REDACTED]. The purpose of the redetermination was to obtain information

from Petitioner to review his eligibility. The redetermination instructed Petitioner to respond by April 4, 2019.

4. Petitioner did not respond to the redetermination as requested.
5. On April 19, 2019, the Department issued a health care coverage determination notice which notified Petitioner that he was no longer eligible for MA effective May 1, 2019, because he did not respond to a redetermination as requested.
6. On May 9, 2019, Petitioner requested a hearing.

### **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's decision found Petitioner ineligible for MA due to his failure to respond to a redetermination. The Department must periodically redetermine or renew a client's eligibility for assistance. BAM 210 (April 1, 2019), p. 1. A complete redetermination/renewal is required at least every 12 months. BAM 210, p. 3. MA benefits cease at the end of the benefit period unless there is a renewal and a new benefit period is certified. BAM 210, p. 4. Healthy Michigan recipients have 30 days to respond to a redetermination. BAM 210, p. 16. A redetermination is complete when it is returned with all sections complete. BAM 210, p. 12.

The Department sent Petitioner a pre-populated redetermination which instructed Petitioner to complete the form and return it to the Department by April 4, 2019. It was Petitioner's responsibility to complete the form and to make sure the Department received it by the due date. Petitioner failed to provide respond by the due date. As a result, Petitioner's MA was not renewed, and it ceased at the end of his benefit period.

Petitioner asserted that he did not respond to the redetermination because he did not receive it since it was mailed to his old address on [REDACTED]. Petitioner may not have received the redetermination because it was mailed to his old address, but it was Petitioner's responsibility to keep his address updated with the Department. A change

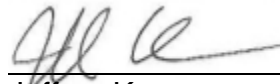
in address must be reported to the Department within 10 days after the client is aware of it. BAM 105 (January 1, 2019), p. 12.

**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 did act in accordance with its policies and the applicable law when it terminated Petitioner's MA effective May, 1 2019.

IT IS ORDERED the Department's decision is AFFIRMED.

JK/nr



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Jeffrey Kemm  
Administrative Law Judge  
for Robert Gordon, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Sarina Baber  
22 Center Street  
Ypsilanti, MI  
48198

Washtenaw County DHHS- via electronic  
mail

BSC4- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

**Petitioner**

[REDACTED]  
MI