



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: September 25, 2019  
MOAHR Docket No.: 19-008672  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Amanda M. T. Marler**

### **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 23, 2019, from Detroit, Michigan. The Petitioner was self-represented. The Department of Health and Human Services (Department) was represented by [REDACTED], Assistance Payments Supervisor and Hearings Coordinator.

### **ISSUE**

Did the Department properly close Petitioner's, her Live-In-Partner's, and her son's Medical Assistance (MA) Program 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. On May 4, 2019, the Department issued a Redetermination (Renewal) to Petitioner for MA for Petitioner, her Live-In-Partner, and her son to be completed and returned to the Department by June 3, 2019.
2. Petitioner's son's Renewal month was June 2019.
3. Petitioner's and her live-in-partner's Renewal month was July 2019.
4. The Department issued one Redetermination for everyone.
5. The Department did not receive a completed Redetermination for anyone.

6. On June 17, 2019, the Department issued a Health Care Coverage Determination Notice (HCCDN) to Petitioner informing her that her son's MA benefit would close effective July 1, 2019 for failure to return the Redetermination.
7. On July 19, 2019, the Department issued a HCCDN to Petitioner informing her that Petitioner's and her Live-In-Partner's MA benefits would close effective August 1, 2019 because she failed to return the Redetermination.
8. The Redetermination and Notices were mailed to Petitioner's address of record in Tustin, Michigan.
9. On August 2, 2019, the Department received Petitioner's request for hearing disputing the closure of each household member's MA benefits.

### **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.

In this case, Petitioner disputes the Department's closure of each household member's MA benefits based upon a failure to return the completed Redetermination. In MA cases, a Redetermination is an eligibility review based upon a reported change and a renewal is a full review of eligibility factors completed annually. BAM 210 (April 2019), p. 1. The Department is required to periodically review a client's eligibility for any active programs. *Id.* A complete Redetermination/Renewal is required at least every 12 months. BAM 210, p. 2. Redeterminations/Renewals may be scheduled early or less than 12 months apart when necessary or to align dates for simultaneous processing of multiple programs. BAM 210, pp. 3, 10. Benefits stop at the end of the benefit period unless a renewal is completed and a new benefit period is certified. BAM 210, p. 4. All Redetermination packets are sent to the mailing address listed in Bridges or to the physical address if no mailing address is listed. BAM 210, p. 8. All clients are required to report changes in address or residency within ten days of the change itself. BAM 105 (January 2019), p. 12.

The Department mailed Petitioner a Redetermination form on May 4, 2019 to her address of record in [REDACTED], Michigan. The Department was unaware that Petitioner had moved from [REDACTED], Michigan to a new home in [REDACTED], Michigan in [REDACTED] 2018 because Petitioner failed to inform the Department. As a result, Petitioner did not receive the Redetermination form until after its due date. Since the responsibility is on Petitioner to ensure that the Department is informed of her most recent address and the Department mailed the Redetermination to the address of record, the Department acted in accordance with Department policy in closing Petitioner's, her live-in-partner's, and her son's MA benefit.

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 each household member's MA benefit for failure to complete the Redetermination process.

### **DECISION AND ORDER**

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

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**Amanda M. T. Marler**

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**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]

**CC:**

[REDACTED]  
[REDACTED]