



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], MI [REDACTED]

Date Mailed: November 7, 2019
MOAHR Docket No.: 19-010123
Agency No.: [REDACTED]
Petitioner: [REDACTED]

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 November 6, 2019, from Lansing, Michigan.

Petitioner represented herself.

The Department of Health and Human Services was represented by April Nemec.

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. On [REDACTED], the Department received Petitioner's completed Redetermination (DHS-1010) form where she reported that she was moving and leaving her current eligibility determination group.
2. On September 13, 2019, the Department sent Petitioner a Verification Checklist (DHS-3503) with a September 23, 2019, due date.
3. On September 3, 2019, the Department notified Petitioner that her Medical Assistance (MA) benefits would close.
4. On [REDACTED] [REDACTED] [REDACTED] the Department received Petitioner's request for 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.

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, 2019), p 9.

The Department will send a negative action when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. Department of Health and Human Services Bridges Administrative Manual (BAM) 130 (April 1, 2017), p 7.

Petitioner was an ongoing MA recipient receiving Medicaid and Medicare Savings Program (MSP) benefits when the Department initiated a routine review of her eligibility for ongoing benefits. Petitioner reported that she was leaving her current benefit group and moving to another county. The Department's representative testified that MA benefits were opened improperly in the new county, although a closure notice was issued under her original eligibility determination group for failure to provide verification of certain cash assets in a timely manner.

The evidence presented on the record supports a finding that Petitioner made a reasonable effort to provide the Department with the information necessary to accurately determine her eligibility for ongoing 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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Petitioner's Medical Assistance (MA) benefits as of October 1, 2019.


DECISION AND ORDER

Accordingly, the Department's decision is REVERSED.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Give Petitioner a 10-day period to provide the Department with any verification documents necessary to determine her eligibility for Medical Assistance (MA).
2. Initiate a determination of Petitioner's eligibility for Medical Assistance (MA) in accordance with policy.
3. Provide Petitioner with written notice describing the Department's revised eligibility determination.
4. Issue Petitioner any retroactive benefits she may be eligible to receive, if any.

KS/hb



Kevin Scully
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

Tamara Morris
125 E. Union St 7th Floor
Flint, MI 48502

Genesee County (Union), DHHS

BSC2 via electronic mail

D. Smith via electronic mail

EQADHS via electronic mail

Petitioner

[REDACTED]
[REDACTED], MI [REDACTED]