



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: July 12, 2019
MOAHR Docket No.: 19-005943
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: John Markey

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 July 11, 2019, from Detroit, Michigan. Petitioner appeared and was represented by [REDACTED], Authorized Hearing Representative. The Department of Health and Human Services (Department) was represented by Brenda Drewnicki, Hearings Facilitator. During the hearing, a 17-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-17.

ISSUE

Did the Department properly close the Medicaid (MA) case of [REDACTED], effective June 1, 2019?

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's child, [REDACTED], was an ongoing recipient of MA benefits from the Department.
2. On April 4, 2019, the Department issued to Petitioner a Redetermination to gather relevant information regarding [REDACTED] ongoing eligibility for MA benefits. The Redetermination was required to be filled out and returned to the Department by May 6, 2019 in order to avoid the closure of [REDACTED] MA benefits case. Exhibit A, pp. 4-11.

3. Petitioner did not return the Redetermination in a timely manner.
4. On May 17, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that [REDACTED] MA benefits case was closing, effective June 1, 2019, as a result of Petitioner's failure to return the Redetermination. Exhibit A, pp. 12-15.
5. On [REDACTED], 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's May 17, 2019 Notice.
6. On June 1, 2019, [REDACTED] MA benefits case closed. By that point, a completed Redetermination had still not been turned in.

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's minor child, [REDACTED], was an ongoing recipient of MA benefits until June 1, 2019, when his case was closed as a result of Petitioner's failure to return a Redetermination form to the Department. Petitioner acknowledged at the hearing that he did not timely return the document.

Periodically, the Department must redetermine or renew a client's eligibility for Department-issued benefits by the end of each benefit period. BAM 210 (January 2018), pp. 1, 4. The redetermination process includes thorough review of all eligibility factors. BAM 210, p. 1. If a redetermination is not completed and a new benefit period certified, benefits stop at the end of the benefit period. BAM 210, p. 4. To initiate the redetermination process, the Department issues to clients a redetermination form; that form must be completed and returned to the Department in a timely manner. BAM 210, p. 1.

The Department properly and timely initiated the redetermination process by issuing Petitioner the April 4, 2019 Redetermination. As of the time of the closure, which was a day after the hearing request was filed, Petitioner had not submitted the completed Redetermination to the Department. As a new benefit period cannot be certified without

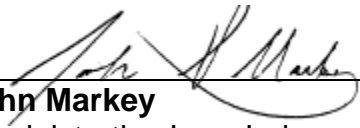
completion of the redetermination process, including the submission of a completed Redetermination form, Petitioner's case had to be closed at the end of the certified period, which was May 31, 2019. That is exactly what the Department did.

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 [REDACTED] MA benefits case, effective June 1, 2019.

DECISION AND ORDER

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

JM/cg



John Markey
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

Via Email:

MDHHS-Macomb12-Hearings
D. Smith
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**Authorized Hearing Rep. –
Via First-Class Mail:**

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**Petitioner-
Via First-Class Mail:**

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