



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

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Date Mailed: July 25, 2019  
MOAHR Docket No.: 19-006356  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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 25, 2019, from ██████████ Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Juanita Munoz, Hearing Facilitator.

**ISSUE**

Did the Department properly close the Petitioner's Medical Assistance (MA) for failure to return the redetermination?

**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 recipient of Medical Assistance.
2. The Department sent Petitioner a redetermination on May 4, 2019 with a due date of June 3, 2019. The redetermination was mailed to the correct address in the Department's Bridges system. The address was correct but the Petitioner did not include her apartment number on her application.
3. On May 22, 2019 the Department received returned mail of the redetermination as undeliverable.
4. The Department mailed a Health Care Coverage Determination Notice to Petitioner on May 29, 2019 closing her MA effective July 1, 2019.

5. The Petitioner did not have problems with receiving her mail.

### **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, the Department closed the Petitioner's MA case due to her failure to return the redetermination. The Department mailed the redetermination to Petitioner at the address she provided to the Department and it was returned as undeliverable. Exhibits A and B. Thereafter, the Department sent Petitioner a Health Care Coverage Determination Notice on May 29, 2019 closing the Petitioner's MA case effective July 1, 2019 for failure to return the redetermination.

The Michigan Department of Health & Human Services (MDHHS) must periodically redetermine or renew an individual's eligibility for active programs. The redetermination/renewal process includes thorough review of all eligibility factors. BAM 201 (April 2019), p. 1

Redetermination, renewal, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs. A complete redetermination is required at least every 12 months. BAM 210, p. 3. For MA Medicaid, case 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.

In this case, the Department did not receive a completed redetermination from the Petitioner and received returned mail returning the redetermination as undeliverable after sending the redetermination form to Petitioner in a timely manner to the correct address the Department had for Petitioner. The Department properly closed the case because it could not recertify the case prior to the end of the benefit period which was June 29, 2019. In addition, the Department allotted 30 days as required by Department policy for the redetermination form to be returned. BAM 130 (April 2017), p. 8. The Department correctly sent the Health Care Coverage Determination Notice to Petitioner closing her case effective July 1, 2019. The Department acted in accordance with

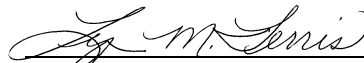
Department policy and sent to the redetermination to the correct address and properly closed the case when it did not receive the redetermination.

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 the Petitioner's MA case because the redetermination was not returned by the due date. The Petitioner may reapply for medical assistance at any time.

**DECISION AND ORDER**

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

LMF/jaf



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**Lynn M. Ferris**

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 First Class Mail  
**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

Via Electronic Mail  
**DHHS**

Jeanette Cowens  
MDHHS-Wayne-41-Hearings

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EQAD