



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]  
[REDACTED]

Date Mailed: October 25, 2019  
MOAHR Docket No.: 19-009834  
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 October 21, 2019 from Detroit, Michigan. Petitioner appeared and represented herself. Also appearing on behalf of Petitioner was witness [REDACTED]. The Department of Health and Human Services (Department) was represented by Wanda Thurmond, Assistance Payments Supervisor. During the hearing, a 15-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-15.

### **ISSUE**

Did the Department properly close the Medicaid (MA) benefits case of Petitioner's minor child, effective September 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 was an ongoing recipient of MA benefits from the Department. The child's parents are Petitioner and Dennis Wilson.
2. Through some time in mid-2018, Petitioner and her child lived at an address on [REDACTED] in [REDACTED], Michigan.
3. In late summer or early fall 2018, Petitioner and her child moved to an address on [REDACTED] in [REDACTED], Michigan. The household in [REDACTED], Michigan

included Petitioner, [REDACTED], and the child whose benefits are at issue in this case.

4. On [REDACTED], 2018, Petitioner submitted to the Department an application for MA benefits. On the application, Petitioner indicated that her household consisted of herself, [REDACTED], and their child. The application further indicated that the household resided at the address on [REDACTED] in [REDACTED], Michigan. Petitioner was eventually approved for MA benefits at the [REDACTED] address.
5. On July 4, 2019, the Department issued to Petitioner a Redetermination form to the address on [REDACTED] in [REDACTED] Michigan. Petitioner was required to complete the form and return it to the Department by August 5, 2019 in order to avoid the closure of the child's MA case at the end of the approved benefit period, which ran through the end of August 2019. Exhibit A, pp. 5-12.
6. Petitioner did not receive the Redetermination as she no longer lived at the [REDACTED] address in [REDACTED] Michigan.
7. On August 19, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that her child's MA benefits case was closing, effective September 1, 2019. Exhibit A, pp. 13-15.
8. On [REDACTED], 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's action and indicating that her correct address was the one on [REDACTED] in [REDACTED], Michigan.

### **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 MA benefits case of Petitioner's child was closed, effective September 1, 2019, because the Department did not receive a completed Redetermination form by the deadline. Petitioner's position is that the Department sent the Redetermination to the wrong address, resulting in her not receiving the form. The Department's position is

that Petitioner never informed the Department of the address change and thus the decision should be sustained.

Periodically, the Department must redetermine or renew a client's eligibility for Department-issued benefits by the end of each benefit period. BAM 210 (April 2019), 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 timely issued the Redetermination form, and Petitioner failed to return the completed Redetermination by the deadline, resulting in the closure of the MA benefits case, effective September 1, 2019. Had the Redetermination been issued to Petitioner's actual address, the Department's decision would almost certainly be upheld in this case. The Redetermination, however, was not issued to Petitioner's correct address.

The MA benefits case in question involved benefits for Petitioner's child. When that case was opened, Petitioner and her child lived at the household on [REDACTED] in [REDACTED] Michigan. On [REDACTED] 2018, Petitioner submitted a new application to the Department for MA benefits indicating that Petitioner, her child, and [REDACTED] lived at the address on [REDACTED] in [REDACTED], Michigan. Thus, as of that date, the Department was on notice that both Petitioner and her child lived at the address on [REDACTED] in [REDACTED], Michigan. The Department mailed the Redetermination form at issue in this case to Petitioner at the address on [REDACTED] in [REDACTED] Michigan.

Once Petitioner made the Department aware of the move, the Department had an obligation to send correspondence to the new address. Because the Department sent the Redetermination to the wrong address, Petitioner cannot be prejudiced by her failure to complete and return it to the Department by the deadline. Petitioner is entitled to have her changes processed and receive correspondence at the address she provided to the Department.

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 not act in accordance with Department policy when it closed the MA benefits case of Petitioner's child, effective September 1, 2019.

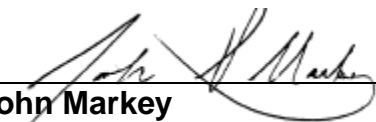
**DECISION AND ORDER**

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. Reinstate the MA benefits case of Petitioner's child, effective September 1, 2019;
2. Process Petitioner's November 29, 2018 report that her and her child relocated to the address in [REDACTED], Michigan;
3. Restart the Redetermination process by issuing to Petitioner a Redetermination form to the [REDACTED] address, giving her an appropriate amount of time to complete and return it, and requesting any subsequent verifications, if necessary, pursuant to Department policy;
4. Determine the MA eligibility of Petitioner's child;
5. If Petitioner is eligible for additional benefits, ensure that such coverage is provided; and
6. Notify Petitioner in writing of its decisions.

JM/tm

  
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**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

**DHHS**

Yvonne Hill  
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48071

**Petitioner**

[REDACTED]  
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