



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: December 18, 2019
MOAHR Docket No.: 19-011678
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 December 9, 2019 from Detroit, Michigan. Petitioner appeared and represented himself. The Department of Health and Human Services (Department) was represented by Natalie McLaurin, Hearings Facilitator. During the hearing, two multi-page packets of documents were offered and admitted into evidence as Exhibit A, pp. 1-19, and Exhibit B, pp. 1-8.

ISSUE

Did the Department properly close the Medicaid (MA) benefits case of Petitioner's daughter, Sophie, effective [REDACTED], 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. [REDACTED] was an ongoing recipient of MA benefits from the Department.
2. On [REDACTED] 2019, the Department issued to Petitioner a Redetermination form to gather relevant information regarding Sophie's ongoing eligibility for MA benefits. Petitioner was instructed to complete the form and return it to the Department by August 5, 2019. Petitioner was specifically instructed to sign and date the form. Exhibit A, pp. 6-13.

3. On [REDACTED], 2019, Petitioner returned the Redetermination form to the Department. Notably, Petitioner did not sign and date the form. Exhibit A, pp. 6-13.
4. On [REDACTED], 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that [REDACTED]'s MA case was closing, effective [REDACTED] 2019. The reason given was that "[w]e must periodically review your eligibility for assistance. You failed to return the redetermination mailed or given to you for this purpose and/or to provide required proofs." Exhibit A, pp. 14-16.
5. On [REDACTED], 2019, the Department issued to Petitioner a Quick Note. In relevant part, the Quick Note read: "Please complete the REDET packet and resend back to me by 9/1/2019. Please make sure you sign/date as well." Exhibit B, p. 8.
6. On [REDACTED], 2019, Petitioner returned the signed Redetermination to the Department. Exhibit A, pp. 17-18.
7. On [REDACTED] 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's action.

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 objects to the closure of the MA case of his daughter, [REDACTED], effective [REDACTED] 2019. The Department closed [REDACTED] MA case because it did not receive a signed Redetermination form by the end of her benefit period, which was certified through the end of [REDACTED] 2019.

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. A redetermination packet is considered complete when all of the sections or the redetermination form including the signature section are completed. BAM 210, p. 12.

The Department properly initiated the redetermination process and informed Petitioner of the requirements for completing the process. Petitioner failed to follow those instructions, which clearly directed Petitioner to sign the Redetermination form. Because of that failure, the redetermination process was not complete, and the Department properly issued the ██████████, 2019 Health Care Coverage Determination Notice closing ██████████'s MA benefits case, effective ██████████, 2019. Thus, that decision is affirmed.

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 ██████████'s MA benefits case, effective ██████████ 2019.

While the Department did make the correct decision in closing Sophie's MA case, that is not the end of the inquiry.

The Department must:

Reconsider in a timely manner the eligibility of an individual who is terminated for failure to submit the renewal form or necessary information, if the individual subsequently submits the renewal form within 90 days after the date of termination, or a longer period elected by the State, without requiring a new application.

42 CFR 435.916(a)(3).

██████████'s coverage was terminated ██████████ 2019 for failure to submit the completed renewal form. Petitioner submitted the final part of that form on ██████████, 2019, fewer than 90 days after the date of termination. As of the date of the hearing, the Department had still not reconsidered the eligibility of ██████████ despite the federal regulation's clear directive to do so "in a timely manner." Petitioner is not required to submit a new application.

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 failed to reconsider ██████████'s eligibility for MA benefits upon receipt of the completed Redetermination form on ██████████, 2019.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED IN PART** with respect to the closure of ██████'s MA case, effective ██████ 2019 and **REVERSED IN PART** with respect to the Department's failure to reconsider ██████'s eligibility for MA benefits upon receipt of the completed Redetermination.

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. Reconsider ██████'s eligibility for MA benefits in accordance with law and Department policy;
2. If any eligibility-related factors are unclear, inconsistent, incomplete, or contradictory, follow law and Department policy regarding verifications;
3. Notify Petitioner in writing of its decisions.

JM/tm



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

Kathleen Verdoni
411 East Genesee
PO Box 5070
Saginaw, MI
48607

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

cc: ME—D. Smith; EQADHShearings
AP Specialist Saginaw County (2)