



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR



Date Mailed: January 17, 2020
MOAHR Docket No.: 19-012599
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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 January 8, 2020, from Detroit, Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by Kelli Arnold, specialist, and Krista Hainey, manager.

ISSUE

The issue is whether MDHHS properly terminated Petitioner's Medical Assistance (MA) eligibility.

FINDINGS OF FACT

The administrative law judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. As of October 2019, Petitioner was an ongoing recipient of Medicaid benefits which were certified through November 2019.
2. On October 4, 2019, MDHHS mailed Petitioner a Redetermination form concerning renewal of Medicaid. The stated due date for Petitioner to complete and return the form was November 4, 2019.

3. On November 15, 2019, MDHHS initiated termination of Petitioner's Medicaid eligibility effective December 2019 due to Petitioner's failure to return the Redetermination form.
4. On November 20, 2019, Petitioner requested a hearing to dispute the termination of Medicaid benefits.
5. As of December 1, 2019, Petitioner had not returned the Redetermination form to MDHHS.

CONCLUSIONS OF LAW

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. MDHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute a termination of Medicaid benefits. Exhibit A, pp. 1-2. A Health Care Coverage Determination Notice (HCCDN) dated November 15, 2019, stated that MDHHS initiated termination of Petitioner's Medicaid benefits effective December 2019 due to a failure to return a Redetermination form. Exhibit A, pp. 11-13.

For all programs, MDHHS must periodically redetermine or renew an individual's eligibility for active programs. The redetermination/renewal process includes a thorough review of all eligibility factors.¹ BAM 210 (October 2019), p. 1. For all programs, Bridges (the MDHHS database) mails a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due. *Id.*, p. 8. A redetermination/review packet is considered complete when all of the sections of the Redetermination form, including the signature section, are completed. *Id.* p. 11. Medicaid benefits stop at the end of the benefit period unless a renewal is completed and a new benefit period is certified. *Id.*, p. 4.

MDHHS presented a Redetermination form concerning Petitioner's Medicaid eligibility. Exhibit A, pp. 7-14. A mailing date of October 4, 2019, was stated; the mailing date is consistent with a Medicaid benefit period certified through November 2019. MDHHS contended that Petitioner failed to return the Redetermination form by the stated due date of November 4, 2019, which led to sending notice of closure on November 15, 2019. Petitioner acknowledged MDHHS' allegation that she did not return the Redetermination form.

¹ For Medicaid, an annual review of all eligibility programs is called a "renewal". For all other programs, the process is a "redetermination". BAM 210 (October 2019) p. 1.

Petitioner's argument to dispute case closure was that she did not receive the Redetermination form. Petitioner's testimony acknowledged that the Redetermination form sent to her listed her address from the time of mailing. During the hearing, MDHHS was asked to check its database for a history of correspondence sent to Petitioner. MDHHS credibly testified that the Redetermination form sent to Petitioner was "central" printed. A central printing is printed and mailed by a consolidated print center. The consolidated print center is known to print documents, place them in envelopes, and stamp them for mailing. Thus, a "central" printed mailing minimizes human error and is considered a highly reliable method of preparing documents for mailing.


Additionally, a notice of a pre-hearing conference (Exhibit A, p. 14) was mailed to Petitioner via central printing and Petitioner also denied receiving this document. A client experiencing one error by MDHHS in a central-printing mailing seems theoretically possible; a client experiencing multiple failures in receiving central-printed mailings suggests a problem with a client's mail service. Given the evidence, MDHHS established a proper mailing of a Redetermination form to Petitioner.

The evidence established that MDHHS followed all required procedures in mailing Petitioner a Redetermination form and that Petitioner failed to return the form to MDHHS before November 15, 2019. As Petitioner failed to return the Redetermination form, or any other required redetermination verifications, MDHHS properly initiated termination of Petitioner's MA eligibility beginning December 2019. As discussed during the hearing, Petitioner can always reapply for Medicaid benefits if they are still needed.

DECISION AND ORDER

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly initiated termination of Petitioner's Medicaid eligibility beginning December 2019. The actions taken by MDHHS are **AFFIRMED**.

CG/cg



Christian Gardocki
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-Berrien-Hearings
D. Smith
EQAD
BSC3- Hearing Decisions
MOAHR

Petitioner – Via First-Class Mail:

