

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES SUZANNE SONNEBORN EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA ACTING DIRECTOR



Date Mailed: October 17, 2023 MOAHR Docket No.: 23-005180

Agency No.:
Petitioner:

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 hearing was held via telephone conference line on October 12, 2023. Petitioner did not participate and was represented.

Petitioner's niece, participated as Petitioner's authorized hearing representative (AHR). The Michigan Department of Health and Human Services (MDHHS) was represented by Dania Ajami, specialist.

<u>ISSUE</u>

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. On June 5, 2023, MDHHS mailed to Petitioner a Redetermination form to continue MA benefits after August 2023.
- 2. On August 18, 2019, MDHHS initiated termination of Petitioner's Medicaid eligibility beginning September 2023 due to Petitioner's failure to return the Redetermination form.
- 3. On August 25, 2023, Petitioner requested a hearing to dispute the closure of MA benefits.

4. As of September 1, 2023, Petitioner had not returned the Redetermination form to MDHHS.

CONCLUSIONS OF LAW

The 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. MDHHS administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MA policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute MA eligibility. Exhibit A, pp. 4-5. A Health Care Coverage Determination Notice dated July 20, 2023, stated that Petitioner's MA eligibility would end August 2023 due to Petitioner's failure to return a Redetermination form. Exhibit A, pp. 17-19.

For all programs, MDHHS must periodically redetermine or renew an individual's eligibility for active programs. BAM 210 (October 2022) p. 1. The process includes a thorough review of all eligibility factors. Id. For all programs, the MDHHS 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 form is considered complete when all sections are completed. Id. p. 11. MDHHS sends timely notice of closure if documents are not timely returned. Id., p. 17. MA 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 contended it properly sent Petitioner a Redetermination form for MA benefits on June 5, 2023. Exhibit A, pp. 7-15. MDHHS further contended that Petitioner did not complete and return the form. MDHHS's contention was consistent with a list of Petitioner's submissions to MDHHS which, in 2023, included only Petitioner's hearing request.

Petitioner's AHR acknowledged that Petitioner likely did not return the Redetermination form. Petitioner's AHR also explained that Petitioner moved in 2020 and probably did not update the change in address with MDHHS which resulted in the Redetermination form being mailed to Petitioner's old address. Because Petitioner's new address was not reported until the hearing date, MDHHS cannot be faulted for mailing the redetermination form to Petitioner's old address.

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.

Given the evidence, MDHHS properly mailed Petitioner a Redetermination form which Petitioner did not timely return before the end of Petitioner's MA benefit period. Thus, MDHHS properly terminated Petitioner's MA eligibility beginning September 2023. As discussed during the hearing, Petitioner's recourse is to reapply for MA benefits.

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 MA eligibility beginning September 2023. The actions taken by MDHHS are **AFFIRMED**.

CG/nr

Christian Gardocki Administrative Law Judge

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-Electronic Mail:

DHHS

Caryn Jackson Wayne-Hamtramck-DHHS 12140 Joseph Campau Hamtramck, MI 48212 MDHHS-Wayne-55-Hearings@michigan.gov

Interested Parties

Wayne 55 County DHHS BSC4 D. Smith EQAD MOAHR

Via-First Class Mail:

Petitioner



Authorized Hearing Rep.

