



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

[REDACTED], MI [REDACTED]

Date Mailed: November 21, 2023
MOAHR Docket No.: 23-006167
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 24, 2023, from Lansing, Michigan. The Petitioner was represented by [REDACTED] [REDACTED] from Independent Medical Networks. Petitioner appeared and testified. The Department of Health and Human Services (Department) was represented by Colleen McKenna, Eligibility Specialist. Department Exhibit 1, pp. 1-39 was received and admitted.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) benefits?

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 active for MA-HMP.
2. On July 25, 2023, Petitioner submitted redetermination paperwork.
3. Petitioner is receiving Medicare.
4. On August 2, 2023, a Verification Checklist was sent to Petitioner requesting verification of bank accounts.

5. On August 29, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing him that he was approved for MA Plan First effective October 1, 2023.
6. On September 1, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his MA-HMP would close effective October 1, 2023.
7. On September 12, 2023, Petitioner requested hearing disputing the changes to his MA coverage.
8. At the time of hearing, the Department had not received verifications of Petitioner's bank accounts.

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.

Medicaid

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. Refer to policy in this item for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to two times. At renewal if an individual is required to return a pre-populated renewal form, allow 30 calendar days for the form to be returned. At application, renewal, ex parte review, or other change, explain to the client/authorized representative the availability of your assistance in obtaining needed information. Extension may be granted when the following exists: • The customer/authorized representative need to make the request. An extension should not automatically be given. • The need for the extension and the reasonable efforts taken to obtain the verifications are documented. • Every effort by the department was made to assist the client in obtaining verifications. Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email, or MI Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a representative are considered to be received the next business day. Send a case action notice when: • The client indicates refusal to provide a verification, or • The time period given has elapsed.

Only adequate notice is required for an application denial. Timely notice is required to reduce or terminate benefits. BAM 130

Targeted Population

The Healthy Michigan Plan (HMP) provides health care coverage for individuals who: • Do not qualify for or are not enrolled in Medicare. BEM 137

In this case, Petitioner was receiving MA-HMP. At redetermination it was confirmed that Petitioner is receiving Medicare and since individuals who receive Medicare are not eligible for MA-HMP, that coverage was processed for closure. BEM 137 Petitioner was considered for other Medicaid programs. Petitioner was approved for MA Plan First.

On August 2, 2023, a verification checklist was sent to Petitioner requesting verification of assets, specifically bank accounts. Verifications of bank accounts were not received, and Petitioner's MA case was processed for closure. BAM 130 Petitioner also had multiple vehicles titled in his name that would count as assets unless he could verify that he no longer had an ownership interest in more than one vehicle.


The Department representative testified at hearing that Petitioner was pended for MA-G2S with a \$1,237 deductible but the Department could not activate that coverage until assets were verified and it was confirmed that Petitioner is under the asset limit. Petitioner's witness at hearing [REDACTED] [REDACTED] stated that she would assist Petitioner in obtaining asset verifications.

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 determined Petitioner's MA benefit.

DECISION AND ORDER

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

AM/nr



Aaron McClintic
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
Melissa Robinson
Gladwin County DHHS
675 E Cedar Ave Ste 2
Gladwin, MI 48624
**MDHHS-Gladwin-County-
Hearings@michigan.gov**

Interested Parties
Gladwin County DHHS
BSC2
D. Smith
EQAD
MOAHR

Via-First Class Mail :

Petitioner

[REDACTED]
[REDACTED], MI [REDACTED]