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GOVERNOR

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

[REDACTED]
[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: January 24, 2024
MOAHR Docket No.: 23-007717
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Linda Jordan

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 on January 11, 2024, via teleconference. [REDACTED], Authorized Hearing Representative (AHR), appeared on behalf of Petitioner. Danielle Moton, Assistance Payments Worker, appeared on behalf of the Michigan Department of Health and Human Services (MDHHS or Department). MDHHS' Hearing Packet was admitted as MDHHS Exhibit A, pp. 1-16.

ISSUE

Did MDHHS properly terminate Petitioner's Medicaid (MA) coverage?

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 an ongoing recipient of MA coverage. Petitioner was receiving Supplemental Security Income (SSI)-related MA based on her receipt of SSI benefits.
2. Beginning July 2020, Petitioner's SSI benefits ended, and Petitioner began receiving Retirement, Survivors and Disability Insurance (RSDI) benefits.
3. On August 9, 2023, MDHHS sent Petitioner a notice of SSI-Terminated Medicaid Coverage (Exhibit A, p. 10). The notice was printed in Arabic.

4. On August 9, 2023, MDHHS sent Petitioner a Health Care Coverage Supplemental Questionnaire, indicating that the form was due back to MDHHS by September 11, 2023 (Exhibit A, p. 11). The questionnaire was printed in English.
5. On October 26, 2023, Petitioner submitted a Request for Hearing (Exhibit A, pp. 3-5).

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).

Medicaid 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 is also known as Medical Assistance. BEM 105 (January 2021), p. 1.

In this case, MDHHS terminated Petitioner's MA coverage because she was no longer eligible to receive MA on the basis of receiving Supplemental Security Income (SSI). MDHHS alleged that it did not enroll Petitioner in a new MA category because it did not receive the requisite paperwork by the deadline.

SSI is a cash benefit for needy individuals who are aged (at least 65), blind or disabled. BEM 150 (July 2021), p. 1. The Social Security Administration (SSA) determines SSI eligibility. *Id.* Individuals who are SSI recipients are automatically eligible for MA if they are a Michigan resident and if they cooperate with third-party resource liability requirements. *Id.* MDHHS administers MA for SSI recipients including a continued MA eligibility determination when SSI benefits end. *Id.* When SSI benefits stop, MDHHS is required to evaluate the reason for the termination based on SSA's negative action code. *Id.*, p. 6. If the SSI benefits are stopped due to a reason that prevents MA eligibility (for example, death or a move out of state), MDHHS is required to close the SSI-related MA coverage. *Id.* If SSI benefits are closed for any other reason, MDHHS transfers the case to MA-Terminated SSI MA and sets a redetermination date for the second month after the transfer to allow for an ex parte review. *Id.* A redetermination/ex parte review is required before initiating a MA closure when there is an actual or anticipated change. *Id.* This include a consideration eligibility under all MA categories. *Id.*

When a case is transferred to MA Terminated SSI Medicaid, the specialist should mail a redetermination/ex parte packet to the client and authorized representative. BEM 150, p. 6. The redetermination/ex parte packet should include the DCH-1426, Application for Health Coverage & Help Paying Cost, and the DHS-3503, Verification Checklist. *Id.* MDHHS must complete the redetermination/ex parte review during the second month of the MA-Terminated SSI Medicaid. *Id.*, p. 7. A determination of eligibility for another MA program or total ineligibility for any program must be completed before MA-Terminated SSI Medicaid can close. *Id.* If continued MA eligibility does not exist, MDHHS follows the standard negative action procedures in the second month of MA-Terminated SSI Medicaid.

At the hearing, MDHHS credibly testified that it received information from SSA that Petitioner's SSI benefits ended in July 2020 and Petitioner began receiving monthly Retirement, Survivors and Disability Insurance (RSDI) benefits. Although Petitioner's SSI benefits ended in July 2020, MDHHS did not act on Petitioner's case until August 2023, because of the COVID-19 Public Health Emergency. COVID-19 policies prevented MDHHS from terminating MA coverage unless the beneficiary requested closure, died or moved out of state. Economic Stability Administration (ESA) Memo 2020-12 (March 2020), p. 1. MDHHS further testified that it sent Petitioner a notice regarding the change in MA coverage and instructions for completing the documentation necessary for MDHHS to determine Petitioner's ongoing MA eligibility. A copy of the notice was included in MDHHS' Hearing Packet (Exhibit A, p. 10). The notice was sent in Arabic because it was Petitioner's preferred language. However, the corresponding Health Care Coverage Supplemental Questionnaire that was sent to Petitioner was printed in English. MDHHS testified it did not receive any of the required documentation by the deadline, and therefore, it terminated Petitioner's MA coverage.

Petitioner's AHR testified that he could not understand the SSI-Terminated MA Coverage notice because he could not read Arabic. Although there was some confusion regarding whether Petitioner received SSI or RSDI, AHR did not present sufficient evidence to rebut MDHHS' testimony that it received information from SSA that Petitioner was receiving RSDI and not SSI. Additionally, AHR did not present evidence to show that he contacted MDHHS for help understanding the forms prior to the deadline on the Supplemental Questionnaire. It is also noteworthy that that Supplemental Questionnaire was printed in English, and clearly stated that it was due on September 11, 2023 (Exhibit A, p. 11). No evidence was presented that Petitioner or AHR returned the form by the deadline or contacted MDHHS for assistance.

At the hearing, it was established that Petitioner reapplied for MA after filing the Request for Hearing. Although that application is outside of the scope of this hearing, Petitioner is advised that she has the right to request a hearing if she disagrees with MDHHS' decision regarding that 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 MDHHS acted in accordance with Department policy when it terminated Petitioner's MA coverage.

DECISION AND ORDER

Accordingly, MDHHS' decision is **AFFIRMED**.



LJ/tm

Linda Jordan
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
Tara Roland 82-17
Wayne-Greenfield/Joy-DHHS
8655 Greenfield
Detroit, MI 48228
**MDHHS-Wayne-17-
hearings@michigan.gov**

Interested Parties
M. Schaefer
EQADHearings
BSC4

Via-First Class Mail :

Authorized Hearing Rep.

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Petitioner

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