



GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN, DPA
ACTING DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: February 9, 2024
MOAHR Docket No.: 23-008014
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 11, 2024, from Lansing, Michigan. [REDACTED] [REDACTED] [REDACTED] the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by Amanda Pullen, Eligibility Specialist.

During the hearing proceeding the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-38.

ISSUE

Did the Department properly close Petitioner's Medical Assistance (MA) benefit case?

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 July [REDACTED] 2023, a Redetermination form for the Medicare Savings Program (MSP) was sent to Petitioner with a due date of August 4, 2023. This form stated that benefits would end if the form was not submitted. (Exhibit A, pp. 3-11)
2. On July [REDACTED] 2023, an SSI-Terminated Medicaid Coverage notice was issued to Petitioner stating that the Social Security Administration (SSA) notified the Department that Petitioner's SSI benefits stopped. This notice indicated the Department must determine if Petitioner remained eligible for any other type of Medicaid and/or the MSP. Petitioner must complete and return the enclosed application and forms, and provide the proofs requested on the forms, by a due date

of August 10, 2023. This notice stated MA coverage may be cancelled if the forms and proofs are not returned by the due date. (Exhibit A, pp. 12-16)

3. On October ■ 2023, a Health Care Coverage Determination Notice was issued to Petitioner stating that MA coverage for Petitioner end November 1, 2023 because the redetermination form and/or proofs was not returned. (Exhibit A, pp. 17-20)
4. On November 9, 2023, Petitioner filed a Request for Hearing contesting the Department's action. (Exhibit A, pp. 25-29)

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.

The Department must periodically redetermine or renew an individual's eligibility for active programs. The redetermination/renewal process includes thorough review of all eligibility factors. BAM 210, October 1, 2023, p. 1. MA Benefits stop at the end of the benefit period unless a renewal is completed, and a new benefit period is certified. BAM 210, p. 4.

The Department administers MA for SSI recipients, including a continued MA eligibility determination when SSI benefits end. BEM 150, July 1, 2021, p. 1. A redetermination/ex-partie review packet is sent to the client to complete so that eligibility can be considered for all MA categories. BEM 150, July 1, 2021, p. 6.

In this case, on July ■ 2023, a Redetermination form for the MSP was sent to Petitioner with a due date of August 4, 2023. This form stated that benefits would end if the form was not submitted. (Exhibit A, pp. 3-11). On July ■ 2023, an SSI-Terminated Medicaid Coverage notice was issued to Petitioner stating that the SSA notified the Department that Petitioner's SSI benefits stopped. This notice indicated the Department must determine if Petitioner remained eligible for any other type of Medicaid and/or the MSP. Petitioner must complete and return the enclosed application and forms, and provide the proofs requested on the forms, by a due date of August 10, 2023. This notice stated MA coverage may be cancelled if the forms and proofs are not returned by the due date. (Exhibit A, pp. 12-16). On October ■ 2023, a Health Care Coverage Determination

Notice was issued to Petitioner stating that MA coverage for Petitioner end November 1, 2023 because the redetermination form and/or proofs was not returned. (Exhibit A, pp. 17-20).

Petitioner explained that she did not renew her benefits because her income from SSA increased after her husband passed away. Petitioner thought she would no longer be eligible for MA and did not realize it would affect the MSP payment for Medicare. (Petitioner Testimony).

Ultimately, the October ■ 2023 determination to close Petitioner's MA benefit case must be upheld because the redetermination form was not returned in time to certify a new benefit period before the end of the current benefit period.

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 Petitioner's household member's MA benefit case.

DECISION AND ORDER

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

CL/dm



Colleen Lack
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
Midland County DHHS
**MDHHS-Midland-
Hearings@michigan.gov**

SchaferM

EQADHearings

BSC2HearingDecisions

MOAHR

Via-First Class Mail :

Petitioner
[REDACTED]
[REDACTED]
[REDACTED]