



GRETCHEN WHITMER  
GOVERNOR

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

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DIRECTOR

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

Date Mailed: April 9, 2024  
MOAHR Docket No.: 24-002119  
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 hearing was held via telephone conference line on April 3, 2024. Petitioner appeared and was unrepresented. [REDACTED] [REDACTED] Petitioner's friend, testified on behalf of Petitioner. The Michigan Department of Health and Human Services (MDHHS) was represented by Charese Hull, specialist.

### **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 2023, Petitioner and her two children were ongoing MA benefit recipients with a benefit period certified through December 2023.
2. On October 4, 2023, MDHHS mailed Petitioner a 7-page Redetermination form to return to MDHHS by November 3, 2023.
3. On November 2 and November 3, 2023, Petitioner sent 17 faxes to MDHHS which included 4 pages of the Redetermination form.

4. On November 13, 2023, MDHHS mailed Petitioner a Quick Note advising that only 4 of 7 required pages of the Redetermination form was received.
5. On February 7, 2024, MDHHS terminated MA coverage for Petitioner and her two children beginning March 2024.
6. As of February 7, 2024, Petitioner had not returned to MDHHS a complete Redetermination form.
7. On February 29, 2024, Petitioner requested a hearing to dispute the termination of MA benefits.

### **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 a termination of MA benefits. Exhibit A, pp. 4-5. A Health Coverage Determination Notice dated February 7, 2024, stated that MDHHS would terminate MA benefits for Petitioner and her two children beginning March 2024 due to Petitioner's failure to timely return redetermination documents.<sup>1</sup> Exhibit A, pp. 25-29.

For all programs, MDHHS must periodically redetermine or renew an individual's eligibility for active programs. BAM 210 (January 2024) p. 1. The process includes a thorough review of all eligibility factors.<sup>2</sup> *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. For MA benefits, MDHHS sends timely notice of closure if documents are not timely returned.<sup>3</sup> *Id.*, p. 17. MA benefits stop at the end of the benefit period unless the redetermination process is completed, and a new benefit period is certified. *Id.*, p. 4.

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<sup>1</sup> The notice also stated that MA benefits were approved from "from "01/01/2024 – 12/31/23". The approval dates were unusual because notices do not typically state date ranges going backwards in time.

<sup>2</sup> The annual review of all eligibility programs is also referred to as a "renewal". BAM 210 (January 2024) p. 1.

<sup>3</sup> "Timely notice" requires sending notice to clients at least 11 days before the negative action effective date (see BAM 220).

MDHHS properly sent Petitioner a 7-page Redetermination form to continue MA benefits on October 4, 2023. Exhibit A, pp. 9-17. Petitioner's due date to return the form was November 4, 2023.<sup>4</sup> *Id.* MDHHS testified that it received multiple faxes from Petitioner, but it only received four pages of Petitioner's Redetermination form. Exhibit A, pp. 7-8 and 18-19. MDHHS testimony specified that missing pages included the third page of the standard form (Form DHS-1010) and the first and third pages of the supplemental pages for health care redeterminations (Form DHS-1010-HC). MDHHS further testified that it sent Petitioner a Quick Note stating that three pages of the Redetermination form were missing from her submission and that she would need to submit the pages to complete the redetermination process. Exhibit A, p. 24. Furthermore, MDHHS credibly testified it sent Petitioner another Redetermination form on January 4, 2024.

Petitioner returned 17 different faxes to MDHHS. MDHHS testified it received 12 faxes from Petitioner on November 2, 2023 and November 3, 2023. Petitioner testified the faxes included various income and expense verifications, as well as Redetermination form pages. Petitioner testified she thought she sent a complete Redetermination form but acknowledged that it was possible she may have missed some pages. Petitioner also testified she did not remember receiving a Quick Note stating she failed to submit all necessary Redetermination pages. Petitioner further testified she did not submit the Redetermination form sent by MDHHS in January 2024.

Petitioner's uncertainty about sending MDHHS all Redetermination form pages supports a finding that MDHHS did not receive all necessary Redetermination form pages. MDHHS twice sent Petitioner correspondence concerning the missing pages and Petitioner twice failed to respond by submitting necessary Redetermination form pages. For good measure, though Petitioner's MA benefits were presumably scheduled to end November 2023 (based on the Redetermination form mail date), Petitioner's MA eligibility did not end until March 2024.

The evidence established that Petitioner failed to timely submit all Redetermination form pages by the end of the benefit period certified through November 2023. The evidence further established that Petitioner did not return all Redetermination form pages before the closure month of March 2024. Thus, MDHHS properly terminated Petitioner's MA benefits beginning March 2024.<sup>5</sup>

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<sup>4</sup> Presumably, Petitioner's MA period was certified through November 2023 based on the Redetermination form mailing date and due date.

<sup>5</sup> As discussed during the hearing, Petitioner can reapply for MA benefits including retroactive MA benefits up to three months. In fact, Petitioner should be able to submit only a Redetermination form based on temporary MDHHS policy that allows clients to submit Redetermination forms up to three months after case closure.

**DECISION AND ORDER**

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly terminated Petitioner's MA eligibility beginning March 2024. 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**

Chelsea McCune  
Macomb County DHHS Warren Dist.  
13041 E 10 Mile  
Warren, MI 48089

**MDHHS-Macomb-20-  
Hearings@michigan.gov**

**Interested Parties**

Macomb 20 County DHHS  
BSC4  
M. Schaefer  
EQAD  
MOAHR

**Via-First Class Mail :**

**Petitioner**

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