



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  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: March 5, 2024  
MOAHR Docket No.: 23-007747  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun**

### **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 February 27, 2024, from Detroit, Michigan. Petitioner appeared for the hearing with her husband, [REDACTED] and represented herself. The Department of Health and Human Services (Department) was represented by Markita Allen, Assistance Payments Worker. Mr. Rashed served as Bengali interpreter.

### **ISSUE**

Did the Department properly process Petitioner and her husband'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's household consists of herself, her husband, and their three children.
2. Petitioner and her household members were ongoing recipients of MA benefits.
3. In 2022, Petitioner's husband reported that he began employment at [REDACTED].
4. Under the Families First Coronavirus Response Act (FFCRA), PL 116-127, Michigan received additional federal MA funding during the COVID-19 pandemic health emergency (PHE).

5. As a condition for receiving the increased funding, § 6008 of the FFCRA required that the Department provide continuous MA coverage for individuals who were enrolled in MA on or after March 18, 2020, even if those individuals became ineligible for MA for reasons other than death, residing outside of Michigan, or requesting that MA be discontinued.
6. The MA continuous coverage requirement under § 6008 of the FFCRA was not indefinite.
7. The Consolidated Appropriations Act, 2023 (CAA, 2023), PL 117-328, terminated the continuous coverage requirement effective March 31, 2023.
8. Beginning April 1, 2023, the CAA, 2023 required the Department to reevaluate almost all MA recipients' eligibility for ongoing MA.
9. On or around August 4, 2023, the Department sent Petitioner a redetermination/renewal for her MA case that was to be completed and returned by September 5, 2023. (Exhibit A, pp.5-11)
10. The Department received the completed redetermination on or around August 21, 2023.
11. On an unverified date, Petitioner's husband reported that his employment at [REDACTED] ended.
12. The Department asserted that because Petitioner's husband had MA coverage under a separate case number, on or around September 1, 2023, the Department sent him a verification checklist instructing him to submit verification of his loss of employment with [REDACTED] by September 11, 2023.
13. On or around September 5, 2023, the Department sent Petitioner a verification checklist instructing her to submit verification of her husband's loss of employment with [REDACTED] by September 15, 2023. (Exhibit A, pp. 13-14)
14. The Department sent a second verification checklist to Petitioner's husband requesting the same information on September 25, 2023, with a due date of October 5, 2023.
15. The Department asserted that although Petitioner's husband submitted verification of his employment with MGM, he failed to submit any verification of loss of employment with [REDACTED]
16. On or around October 14, 2023, the Department sent Petitioner a Health Care Coverage Determination Notice, advising that effective November 1, 2023, her MA case would be closed. (Exhibit A, pp. 15-18)
17. On or around November 6, 2023, Petitioner requested a hearing disputing the Department's actions with respect to the MA program.

## **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 a thorough review of all eligibility factors. Redetermination, renewal, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs. For MA cases, a redetermination is an eligibility review based on a reported change. A renewal is the full review of eligibility factors completed annually. The renewal month is 12 months from the date the most recent complete application was submitted. BAM 210 (October 2023), pp. 1-4. For MA cases, benefits stop at the end of the benefit period unless a renewal is completed, requested verifications are received and a new benefit period is certified. BAM 210, pp. 3-5. The Department will provide the client with timely notice of the negative action if the time limit is not met. BAM 210, p. 14. The Department will send a DHS-1606, Health Care Coverage Determination Notice, which details the information used to determine eligibility. BAM 210, p. 19-20.

Additionally, verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (January 2023), p.1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. Although the client must obtain the required verification, the Department must assist if a client needs and requests help. If neither the client nor the Department can obtain the verification despite a reasonable effort, the Department is to use the best available information; and if no evidence is available, the Department is to use its best judgment. BAM 130, p. 3.

For MA cases, clients are given 10 calendar days (or other time limit specified in policy) to provide the verifications requested by the Department. BAM 130, pp. 7-9. If the client cannot provide the verification despite a reasonable effort, the Department is to extend the time limit to submit the verifications up to two times. BAM 130, pp. 7-9. Verifications are considered to be timely if received by the date they are due. BAM 130, pp. 7-9. The

Department will send a negative action notice when the client indicates refusal to provide a verification, or the time period given has lapsed. BAM 130, pp. 8-9.

In this case, in connection with a redetermination, MA eligibility for the household was reviewed. The Department representative testified that employment with and income from [REDACTED] was previously reported to the Department by Petitioner's husband and more recently, a loss of this employment was reported requiring verification. The Department representative testified that several telephone conversations were had with Petitioner and/or husband further explaining the need for the loss of employment verification. The Department representative testified that although Petitioner timely completed the redetermination and submitted some updated pay stubs from her and her husband's current employment, because Petitioner and her husband failed to provide verification of the loss of employment/income reported from [REDACTED] by the due dates identified on the VCLs sent to them, the Department initiated the closure of their MA cases. While there was some testimony from the Department representative that the cases were reinstated and approved for MA with a deductible, pending the submission of loss of employment information and bank account asset information, it was unclear whether this action was in connection with the hearing request or another application. The Department representative testified that MA for Petitioner's children remained active and ongoing with no lapse in coverage.


At the hearing, Petitioner's husband testified that he is currently employed part-time on an on-call basis at MGM and that he submitted all requested income information to the Department. Petitioner's husband testified that he attempted to obtain loss of employment information from [REDACTED] but was informed by the employer that they do not provide such information. Petitioner's husband testified that he was employed there three years ago and for only a few days. He testified that he does not have any records to provide to the Department. There was no evidence presented that Petitioner requested an extension of time to submit the requested verifications. There was also no evidence presented that Petitioner advised the Department that his former employer refused to provide the verifications or that Petitioner requested assistance from the Department to obtain the verifications. As such, the Department properly processed the MA case for Petitioner and her husband due to a failure to provide requested verifications in a timely manner.

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 processed the MA cases for Petitioner and her husband. Petitioner is advised that she and her husband are entitled to submit a new application for MA benefits and their eligibility will be reviewed.

**DECISION AND ORDER**

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

ZB/ml

  
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**Zainab A. Baydoun**  
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**

BSC4  
M Schaefer  
EQAD

**Via First Class Mail:**

**Petitioner**

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