

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



Date Mailed: October 23, 2024 MOAHR Docket No.: 24-001629

Agency No.:

Petitioner: OIG Respondent:

ADMINISTRATIVE LAW JUDGE: Danielle R. Harkness

HEARING DECISION

The Michigan Department of Health and Human Services (Department) requested a hearing alleging that Respondent, was overpaid Medicaid (MA) benefits that the Department is entitled to recoup and/or collect as a recipient claim. Pursuant to the Department's request and in accordance with MCL 400.9, 7 CFR 273.16, 42 CFR 431.230(b), and 45 CFR 235.110, and Mich Admin Code, R 400.3130 and R 400.3178, this matter is before the undersigned Administrative Law Judge. After due notice, a hearing was held via telephone conference on October 23, 2024. Walter Broadworth, Regulation Agent of the Office of Inspector General (OIG), represented the Department. Respondent did not appear at the hearing, and it was held in Respondent's absence pursuant to 7 CFR 273.16(e)(4); Mich Admin Code, R 400.3130(5); or Mich Admin Code, R 400.3178(5).

A 34-page packet of documents submitted by the Department was admitted collectively as the Department's Exhibit A.

<u>ISSUE</u>

1. Did Respondent receive an overpayment of MA benefits that the Department is entitled to recoup and/or collect as a recipient claim?

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 2019, Respondent applied for MA benefits.
- 2. On or around 2020, the Department was advised that Respondent had a child, and MA benefits were opened for Respondent's child.

- 3. On April 17, 2020, a health care coverage determination notice was issued indicating Respondent and Respondent's child was approved for MA beginning April 1, 2020. The notice advised Respondent that Respondent was required to report any change in residency to the Department within 10 days.
- 4. At the end of Respondent and Respondent's child moved to
- 5. On 2021, Respondent began working at and Respondent received Respondent's first paycheck from this employer on 2021.
- 6. From August 1, 2021, to February 28, 2023, the Department paid \$ towards Respondent and Respondent's child's MA coverage while Respondent and Respondent's child were residing in
- 7. Respondent was aware of the responsibility to report truthful and accurate information regarding Respondent's residency.
- 8. On February 23, 2024, the Department filed a hearing requesting that Respondent repay \$ ______ to the Department for MA benefits that Respondent was ineligible to receive from August 1, 2021, through February 28, 2023.
- 9. A notice of hearing was mailed to Respondent at the last known address and was not returned by the United States Postal Service as undeliverable.

CONCLUSIONS OF LAW

Medicaid (MA) is established by Title XIX of the Social Security Act, 42 USC 1396 to 42 USC 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 to 42 CFR 430.25. MDHHS administers the MA program pursuant to 42 CFR 435, MCL 400.10 and MCL 400.103 to MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seg.*

The Department alleged that Respondent was overissued MA benefits in the amount of \$\text{\$\text{The Department}}\$ The Department may request a hearing to establish a debt. BAM 600 (March 2021) p. 5. For MA benefits, the Department may seek recoupment for client errors or IPVs. BAM 710 (January 2018), p. 1. The Department may not pursue Ols for agency errors. *Id.* A client error occurs when a client receives more benefits than they were entitled to receive because the client gave incorrect or incomplete information to the Department. BAM 700 (October 2018), p. 7.

The Department alleges that the overpayment was caused because Respondent was residing in while receiving MA benefits from the State of Michigan. A person must be a Michigan resident to receive MA issued by MDHHS. BEM 220, p. 1. For MA purposes, an individual is a Michigan resident if he or she is living in Michigan except for a temporary absence. Residency continues for an individual who is temporarily absent

from Michigan or intends to return to Michigan when the purpose of the absence has been accomplished. BEM 220, pp. 1-2.

As described in more detail above, the Departr failed to report Respondent's change in residence on 2024, Respondent admitted that R moved to at the end of Further demonstrate that Respondent was working in resident and, therefore, not eligible for MA benefits that Respondent moved to while continuity of Michigan.	y. During an interview with Respondent espondent and Respondent's child had er, Respondent's employment records and was no longer a Michigan in Michigan. Here, the evidence shows
From August 1, 2021, to February 28, 2023, the Respondent's and Respondent's child's MA couchild were not eligible for any MA benefits during Department is entitled to recoup and/or collect from	erage. Respondent and Respondent's the overpayment period. Therefore, the
DECISION AND ORDER	
The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, concludes that Respondent did receive an overpayment of MA benefits in the amount of \$_\extstyle{\textstyle{1}}\$	
IT IS ORDERED that the Department initiate recoupment and/or collection procedures in accordance with Department policy for a MA overpayment in the amount of \$, less any amounts already recouped/collected for the fraud period.	
	le R. Harkness strative 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

<u>Via-Electronic Mail</u>: Petitioner

OIG

PO Box 30062

Lansing, MI 48909-7562

MDHHS-OIG-HEARINGS@michigan.gov

DHHS

Heather Dennis

Jackson County DHHS 301 E. Louis Glick Hwy. Jackson, MI 49201

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Interested Parties
MDHHS Recoupment

MOAHR

Via-First Class Mail: Respondent

