



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]
[REDACTED]
MI [REDACTED]

Date Mailed: July 2, 2024
MOAHR Docket No.: 24-004945
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 June 20, 2024, from Detroit, Michigan. Petitioner appeared for the hearing with her granddaughter [REDACTED] who served as her Authorized Hearing Representative. The Department of Health and Human Services (Department) was represented by Priya Johnson, Assistance Payments Supervisor.

ISSUE

Did the Department properly close Petitioner's Medical Assistance (MA) and Medicare Savings Program (MSP) cases and deny her application for MA and MSP 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 was an ongoing recipient of MA and MSP benefits. In connection with a redetermination, Petitioner's eligibility for MA and MSP benefits was reviewed.
2. On or around January 4, 2024, the Department sent Petitioner a redetermination/renewal for her MA and MSP cases that was to be completed and returned by February 1, 2024.
3. The Department asserted that Petitioner failed to complete and return the redetermination/renewal for her MA case.

4. On or around March 18, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice advising her that effective April 1, 2024, her MA and MSP cases would be closed because she failed to return the redetermination.
5. On or around [REDACTED] 2024, Petitioner submitted a new application for MA and MSP benefits.
6. On or around April 3, 2024, the Department sent Petitioner a Verification Checklist (VCL) instructing her to submit verification of her bank accounts and unearned income from Social Security and pension by April 15, 2024. (Exhibit A, pp. 6-7)
7. While Petitioner submitted proof of her unearned income, the Department asserted that Petitioner did not timely submit proof of her bank account asset information by the due date.
8. On or around April 16, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice denying her application and advising her that effective April 1, 2024, she was ineligible for MA and MSP benefits due to a failure to verify requested information. (Exhibit A, pp. 10-12)
9. On or around April 25, 2024, Petitioner requested a hearing disputing the Department's actions regarding her MA and MSP cases. (Exhibit A, pp. 3-4)

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.

In this case, Petitioner disputed the closure of her MA and MSP cases as well as the subsequent denial of her [REDACTED] 2024, MA and MSP application.

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 (January 2024), 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 (October 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.

At the hearing, the Department representative testified that Petitioner's MA and MSP eligibility was due for review. The Department testified that because Petitioner failed to submit a completed redetermination form by the February 1, 2024, deadline, the Department was unable to review her continued MA and MSP eligibility and initiated the closure of her cases by sending the Health Care Coverage Determination Notice on March 18, 2024, advising of the case closures effective April 1, 2024. It was established that Petitioner reapplied for MA and MSP benefits on or around [REDACTED] 2024, and the Department issued a VCL instructing her to submit requested verifications by April 15, 2024. Although Petitioner did return proof of her unearned income, there was no verification of Petitioner's bank account asset information submitted. There was no evidence presented that Petitioner requested an extension of time to submit the requested verifications or that Petitioner requested assistance from the Department to obtain the verifications. As a result, the Department issued the April 16, 2024, Health Care Coverage Determination Notice, denying the [REDACTED] 2024, application.

Petitioner could not recall whether she received a copy of the redetermination form or the VCL that was subsequently issued in connection with the application. Petitioner testified that she suffered a stroke in [REDACTED] 2023 and after being in the hospital, was transferred to a rehabilitation center. Petitioner was unsure of how long she was


hospitalized or in rehabilitation. Petitioner testified that her social worker may have submitted the application on her behalf, as well as the documentation requested by the Department. Petitioner could not identify the dates of submission or the manner in which the documents were submitted to the Department.

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 because Petitioner failed to timely submit the redetermination and verification of her bank accounts by the due date identified on the redetermination and on the VCL, the Department acted in accordance with Department policy when it closed Petitioner's MA and MSP cases and when it denied Petitioner's [REDACTED] 2024, application. Petitioner was informed of that she is entitled to submit a new application for MA/MSP benefits for her current eligibility to be determined.

DECISION AND ORDER

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

ZB/ml



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:

Respondent

Yaita Turner

Oakland County Southfield District III

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Southfield, MI 48033

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Interested Parties

BSC4

M Schaefer

EQAD

MOAHR

Via First Class Mail:

Authorized Hearing Representative

[REDACTED]
[REDACTED] MI [REDACTED]

Petitioner

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