

# STATE OF MICHIGAN ENT OF LICENSING AND REGULATO

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

MARLON I. BROWN, DPA DIRECTOR

Date Mailed: July 25, 2024 MOAHR Docket No.: 24-004949

Agency No.: Petitioner:

**ADMINISTRATIVE LAW JUDGE: Linda Jordan** 

## **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 on June 26, 2024, via teleconference.

Petitioner's Authorized Hearing Representative (AHR) and Power of Attorney (POA), appeared on behalf of Petitioner. Avery Smith, Assistance Payments Supervisor, appeared on behalf of the Michigan Department of Health and Human Services (MDHHS or Department). Petitioner's POA documentation was admitted at the hearing as MDHHS Exhibit A, p. 1. MDHHS' Hearing Packet was entered into evidence at the hearing as MDHHS Exhibit B, pp. 1-15.

## <u>ISSUE</u>

Did MDHHS properly terminate Petitioner's Medicaid (MA) coverage?

#### 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 coverage.
- 2. On February 29, 2024, Petitioner submitted a Health Care Coverage Supplemental Questionnaire to MDHHS (Exhibit B, p. 6).
- 3. On April 19, 2024, MDHHS sent Petitioner a Health Care Coverage Determination Notice, indicating that she was not eligible for MA, effective May 1, 2024 ongoing (Exhibit B, p. 10).
- 4. On April 26, 2024, Petitioner requested a hearing regarding the MA closure (Exhibit B, pp. 3-5).

## **CONCLUSIONS OF LAW**

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).

Medicaid (MA) 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 pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MA is also known as Medical Assistance. BEM 105 (January 2024), p. 1.

In this case, MDHHS acknowledged that Petitioner submitted the documents required to complete the renewal of her MA benefits, but that the renewal was not properly logged as received or processed by MDHHS.

MDHHS must periodically redetermine or renew an individual's eligibility for active programs. BAM 210 (January 2024), p. 1. The redetermination/renewal process includes a thorough review of all eligibility factors. *Id.* For MA, a redetermination is an eligibility review based on a reported change. *Id.* A renewal is the full review of eligibility factors completed annually. *Id.* MA Benefits stop at the end of the benefit period unless a renewal is completed, and a new benefit period is certified. *Id.*, p. 4. The renewal month is 12 months from the date the most recent complete application was submitted. *Id.* A redetermination packet is considered complete when all the sections of the redetermination form, including the signature section, are completed. *Id.*, p. 12. An ex parte review is required before MA closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all MA. *Id.*, p. 2. When possible, an ex parte review should begin at least 90 calendar days before the anticipated change is expected to result in case closure. *Id.* 

Based on the undisputed facts, the record shows that Petitioner submitted the required documentation to complete the renewal process for MA; however, MDHHS did not process Petitioner's renewal and incorrectly closed her MA case.

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 did not act in accordance with Department policy when it terminated Petitioner's MA benefits.

### **DECISION AND ORDER**

Accordingly, MDHHS' decision is **REVERSED**. MDHHS IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. Redetermine Petitioner's eligibility for MA coverage, effective May 1, 2024 ongoing;
- 2. Provide Petitioner with the most beneficial category of MA coverage that she is eligible to receive, effective May 1, 2024 ongoing, and
- 3. Notify Petitioner and AHR of its decision in writing.

LJ/pt

**Linda Jordan** 

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

Yaita Turner

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**Interested Parties** 

BSC4

M. Schaefer

EQAD MOAHR

<u>Via-First Class Mail</u>: Petitioner

MI

**Authorized Hearing Rep.** 

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