



GRETCHEN WHITMER
GOVERNOR

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

MARLON BROWN
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: August 13, 2024
MOAHR Docket No.: 24-006137
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 July 25, 2024, from Lansing, Michigan. [REDACTED] [REDACTED] the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Tamara Jackson, Hearings Facilitator (HF).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-31.

ISSUE

Did the Department properly determine that Petitioner's Medical Assistance (MA) benefit case should close?

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 receiving MA based on receiving Social Security Administration (SSA) issued Supplemental Security Income (SSI) benefits under case number [REDACTED] (Exhibit A, p. 1)
2. Petitioner's SSA issued SSI benefits were ending June 1, 2023. It appears the termination of SSI benefits was based on Petitioner's wife's earnings. (Exhibit A, p. 1).

3. Petitioner would no longer be eligible for MA based on receiving SSI benefits once the SSI benefits ended.
4. On March █ 2024, a Health Care Coverage Supplemental Questionnaire was issued to Petitioner with a due date of April 10, 2024. (Exhibit A, p. 23)
5. On April █ 2024, Petitioner applied for MA, which was registered under case number █ Petitioner indicated he was disabled on this application. (Exhibit A, pp. 7-22)
6. On April █ 2024, Petitioner submitted a Health Care Coverage Supplemental Questionnaire, which was uploaded to the closed SSI case. Petitioner reported that no one in the home was disabled. (Exhibit A, pp. 1 and 23-26)
7. On May █ 2024, a Health Care Coverage Determination Notice was issued stating Petitioner was not eligible for MA effective June 1, 2024. (Exhibit A, pp. 4-6)
8. On May 17, 2024, Petitioner filed a hearing request contesting the termination of his MA coverage and reported that he is disabled. (Exhibit A, p. 3)

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 thorough review of all eligibility factors. BAM 210, January 1, 2024, p. 1. MA Benefits stop at the end of the benefit period unless a renewal is completed, and a new benefit period is certified. BAM 210, p. 4.

The Department administers MA for SSI recipients, including a continued MA eligibility determination when SSI benefits end. BEM 150, January 1, 2024, p. 1. A redetermination/ex-parte review packet is sent to the client to complete so that eligibility can be considered for all MA categories. BEM 150, p. 6.

In this case, the Department indicated that they erred when they denied MA on May █ 2024 based on not returning the Health Care Coverage Supplemental Questionnaire. Petitioner submitted an application for MA and a Health Care Coverage Supplemental Questionnaire on April █ 2024. (Exhibit A, pp. 1 and 7-26; HF Testimony). The due date listed on the Health Care Coverage Supplemental Questionnaire was April █ 2024. (Exhibit A, p. 23). Accordingly, the determination to close Petitioner's MA benefit case cannot be upheld because the Health Care Coverage Supplemental Questionnaire was returned timely.

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 determined that Petitioner's Medical Assistance (MA) benefit case should close.

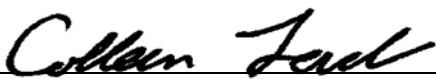
DECISION AND ORDER

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

THE DEPARTMENT 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 as of the June 1, 2024 effective date in accordance with Department policy.

CL/dm



Colleen Lack
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
Tamara Jackson
Lapeer County DHHS
**MDHHS-Lapeer-
Hearings@michigan.gov**

SchaeferM

EQADHearings

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MOAHR

Via-First Class Mail :

Petitioner
[REDACTED]
[REDACTED]
[REDACTED]