



GRETCHEN WHITMER
GOVERNOR

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

MARLON BROWN
DIRECTOR

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Date Mailed: August 29, 2024
MOAHR Docket No.: 24-006298
Agency No.: ██████████
Petitioner: ██████ ██████

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 31, 2024, from Lansing, Michigan. The Petitioner was represented by ██████ ██████ Mother and Authorized Hearing Representative (AHR). ██████ ██████ the Petitioner, was present. ██████ ██████ Sister, appeared as a witness for Petitioner. The Department of Health and Human Services (Department) was represented by Sara Stellema, Assistance Payments Supervisor (APS) and Tekeilla Carr, Assistance Payments Worker (APW).

During the hearing proceeding, the Department’s Hearing Summary packet was admitted as Exhibit A, pp. 1-14.

ISSUE

Did the Department properly close Petitioner’s Medical Assistance (MA) benefit case?

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 March ██████ 2024, an SSI-Terminated Medicaid Coverage notice was issued to Petitioner stating that the Social Security Administration (SSA) notified the Department that Petitioner’s SSI benefits stopped. This notice indicated the Department must determine if Petitioner remained eligible for any other type of Medicaid and/or the Medicare Savings Program (MSP). Petitioner must complete and return the enclosed application and forms, and provide the proofs requested on the forms, by a due date of April ██████ 2024. This notice stated MA coverage may be

cancelled if the forms and proofs are not returned by the due date. A Health Care Coverage Supplemental Questionnaire was included. (Exhibit A, pp. 2 and 5-9)

2. On April ■ 2024, Petitioner submitted the Health Care Coverage Supplemental Questionnaire. (Exhibit A, p. 10)
3. The Department did not receive the MA application needed to redetermine MA eligibility for Petitioner. (Exhibit A, p. 2; APS Testimony)
4. On May ■ 2024, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied effective June 1, 2024 based on not returning the forms needed to determine continued eligibility. (Exhibit A, pp. 11-13)
5. On May 28, 2024, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, p. 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.

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, on March ■ 2024, an SSI-Terminated Medicaid Coverage notice was issued to Petitioner stating that the SSA notified the Department that Petitioner's SSI benefits stopped. This notice indicated the Department must determine if Petitioner remained eligible for any other type of Medicaid and/or the MSP. Petitioner must complete and return the enclosed application and forms, and provide the proofs requested on the

forms, by a due date of April ■ 2024. This notice stated MA coverage may be cancelled if the forms and proofs are not returned by the due date. A Health Care Coverage Supplemental Questionnaire was included. (Exhibit A, pp. 2 and 5-9). On April ■ 2024, Petitioner submitted the Health Care Coverage Supplemental Questionnaire. (Exhibit A, p. 10). However, the Department did not receive the MA application needed to redetermine MA eligibility for Petitioner. (Exhibit A, p. 2; APS Testimony). Accordingly, the Department properly determined that Petitioner's MA benefit case should close.

Petitioner's sister explained that there was some confusion because both the Department and SSA were requesting paperwork at the same time. (Sister Testimony).

Ultimately, the determination to close Petitioner's MA benefit case must be upheld because the MA application was not returned in time to certify a new benefit period before the end of the prior benefit period.

As discussed, Petitioner has since reapplied for MA. As of the hearing date, the new application was still pending, and additional verifications were needed. Petitioner's mother indicated she would be sending the needed verifications to the Department after the hearing. (APS and Mother Testimony).

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 determined that Petitioner's MA benefit case should close.

DECISION AND ORDER

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

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
Kimberly Kornoelje
Kent County DHHS
**MDHHS-Kent-
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ScaheferM

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MOAHR

Via-First Class Mail :

Petitioner
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Authorized Hearing Rep.
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