



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



Date Mailed: August 14, 2024  
MOAHR Docket No.: 24-006659  
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 July 25, 2024, from Detroit, Michigan. Petitioner is deceased. The hearing was requested by Petitioner's wife [REDACTED] who appeared and represented herself at the hearing. Thus, while the case name is still under [REDACTED] the Petitioner in this matter is his wife. The Department of Health and Human Services (Department) was represented by Diane Sacha, Eligibility Specialist.

### **ISSUE**

Did the Department properly process Petitioner's Medical Assistance (MA) 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 [REDACTED] was an ongoing recipient of MA under the Healthy Michigan Plan (HMP). In connection with a redetermination, Petitioner's eligibility to receive MA benefits was reviewed.
2. On or around March 4, 2024, the Department sent Petitioner a redetermination/renewal for her MA case that was to be completed and returned by April 4, 2024. (Exhibit A, pp. 12-20)
3. The Department asserted that Petitioner failed to complete and return the redetermination/renewal for her MA case.

4. On or around May 17, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice advising her that effective June 1, 2024, her MA case would be closed because she failed to return the redetermination. (Exhibit A, pp. 21-23)
5. On or around May 30, 2024, Petitioner requested a hearing disputing the Department's actions. (Exhibit A, pp. 3-5)
6. On or around June 21, 2024, Petitioner returned the redetermination to the Department.
7. On or around June 25, 2024, the Department sent Petitioner a Verification Checklist (VCL) instructing her to submit proof of her assets by July 5, 2024.
8. As of the hearing date, the Department had not completed processing Petitioner's MA eligibility in connection with the redetermination.

### **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 case effective June 1, 2024.

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 eligibility was due for review in connection with a redetermination. The Department representative testified that because Petitioner did not return the redetermination by the April 4, 2024, due date, the Department initiated the closure of her MA case effective June 1, 2024, by sending the May 17, 2024, Health Care Coverage Determination Notice. The Department representative testified that Petitioner returned the redetermination on June 21, 2024, within 90 days, and as a result, the Department reinstated her MA case and began processing the redetermination. The Department representative testified that it sent Petitioner a VCL on June 25, 2024, instructing her to submit proof of assets by July 5, 2024. Although there was some discussion on whether the verifications were timely submitted by Petitioner, it was established that as of the hearing date, the Department had not issued any eligibility decision regarding Petitioner's ongoing MA eligibility. The Department asserted that Petitioner's MA eligibility was still pending as of the hearing date. Upon review, the Department failed to establish that it sufficiently corrected the action by completing the reprocessing of Petitioner's redetermination and MA eligibility as the Department had not issued any new eligibility notices as of the hearing date.

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 closed Petitioner's MA case effective June 1, 2024.

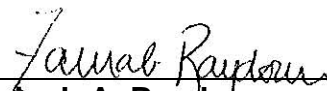
**DECISION AND ORDER**

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. Reinstatement of Petitioner's MA case effective June 1, 2024, and continue reprocessing Petitioner's MA eligibility under the most beneficial category from June 1, 2024;
2. If eligible, provide MA coverage to Petitioner under the most beneficial category, that she was entitled to receive but did not from June 1, 2024, ongoing; and
3. Notify Petitioner in writing of its decision.

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:**

**DHHS**

Yvonne Hill

Oakland County DHHS Madison Heights Dist.

30755 Montpelier Drive

Madison Heights, MI 48071

**MDHHS-Oakland-DistrictII-Hearings@michigan.gov**

**Interested Parties**

BSC4

M Schaefer

EQAD

MOAHR

**Via First Class Mail:**

**Petitioner**

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