



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: September 20, 2024  
MOAHR Docket No.: 24-008032  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**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 August 22, 2024, via teleconference. Petitioner appeared and represented herself. Amber Gibson, Hearings Facilitator, appeared on behalf of the Michigan Department of Health and Human Services (MDHHS or Department). MDHHS' Hearing Packet was admitted into evidence at the hearing as MDHHS Exhibit A, pp. 1-17.

### **ISSUE**

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 [REDACTED], 2024, MDHHS sent Petitioner a redetermination form, which instructed her to answer the questions on the form, sign and date it, and return it to MDHHS by May 6, 2024 (Exhibit A, p. 5).
3. On June 17, 2024, MDHHS sent Petitioner a Health Care Coverage Determination Notice, indicating that she was not eligible for MA, effective July 1, 2024 ongoing (Exhibit A, p. 14).
4. On June 27, 2024, Petitioner requested a hearing regarding the MA closure (Exhibit A, 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 terminated Petitioner's MA coverage for failure to complete the redetermination/renewal process.

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.*

Here, Petitioner testified that she received the redetermination form in the mail, but did not return it to MDHHS by the deadline because there were errors on the form, including household members that should not have been included on her case. However, the redetermination form allows clients an opportunity to inform MDHHS of any errors on their case. Petitioner testified that she returned the form to MDHHS one day prior to the hearing in this case, or on [REDACTED] 2024. This date was passed the deadline on the redetermination form. Petitioner failed to establish that she contacted MDHHS prior to the redetermination deadline for assistance or instructions in completing the form. Additionally, Petitioner testified that she had technical issues with her online MI Bridges account. However, Petitioner could have contacted MDHHS prior to the deadline to request assistance, and she could have returned the form to MDHHS in person, by mail or by fax. Petitioner did not present sufficient evidence to show that she made a reasonable effort to complete the form by the deadline or that she contacted MDHHS prior to the deadline for assistance. Therefore, MDHHS acted in appropriately when it

sent Petitioner a negative action notice closing her MA case. Petitioner is advised that she can reapply for MA at any time and request retroactive coverage.

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 MDHHS acted in accordance with Department policy when it terminated Petitioner's MA benefits.

**DECISION AND ORDER**

Accordingly, MDHHS' decision is **AFFIRMED**.

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**

Amber Gibson  
Ingham County DHHS  
5303 South Cedar  
Lansing, MI 48911

**MDHHS-Ingham-Hearings@michigan.gov**

**Interested Parties**

BSC2

M. Schaefer

EQAD

MOAHR

**Via-First Class Mail:**

**Petitioner**

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