



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: October 11, 2024  
MOAHR Docket No.: 24-008640  
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 September 12, 2024, from Lansing, Michigan. [REDACTED] [REDACTED] the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Roxanne Rice, Assistance Payments Supervisor (APS).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-7 and Petitioner's additional documentation was admitted as Exhibit 1, pp. 1-8.

**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. An SSI-Terminated Medicaid Coverage notice and application were issued to Petitioner on May [REDACTED] 2024. The notice indicates 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 the due date. This notice stated MA coverage may be cancelled if the forms and proofs are not returned by the due date. (APS Testimony)

2. The Department did not receive the MA application needed to redetermine MA eligibility for Petitioner. (APS Testimony)
3. On July ■ 2024, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied effective August 1, 2024 based on not returning the forms needed to determine continued eligibility. (Exhibit A, pp. 5-7; Exhibit 1, pp. 1-8)
4. On July 30, 2024, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, pp. 3-7)

### **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 APS testified that an SSI-Terminated Medicaid Coverage notice and application were issued to Petitioner on May ■ 2024. The notice indicates 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 the due date. This notice stated MA coverage may be cancelled if the forms and proofs are not returned by the due date. (APS Testimony). The Department did not receive the MA application needed to redetermine MA eligibility for

Petitioner. (APS Testimony). Accordingly, the Department properly determined that Petitioner's MA benefit case should close.

Petitioner explained that he called four times to confirm that he would not lose his MA benefits while he appealed his SSI termination and was assured, he would not lose the MA benefits. Petitioner asserts that he did not receive an application or redetermination from the Department before the MA benefits closed. After Petitioner learned that the MA benefits closed because an application/redetermination was not received by the Department, Petitioner submitted a new application on July [REDACTED] 2024 by mail and email. (Petitioner Testimony). However, the Department has not received a new application for Petitioner. (APS Testimony). Upon clarification, the email address Petitioner stated he sent the application to was not a Department email address. (Petitioner 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 can submit a new MA application to the Department.

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

  
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**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**  
Joann Sepic  
Berrien County DHHS  
**MDHHS-Berrien-**  
**Hearings@michigan.gov**

**SchaeferM**

**EQADHearings**

**BSC3HearingDecisions**

**MOAHR**

**Via-First Class Mail :**

**Petitioner**

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