



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

██████████
██████████
██████████, MI ██████████

Date Mailed: December 3, 2024
MOAHR Docket No.: 24-011656
Agency No.: ██████████
Petitioner: ██████████ ██████████

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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 via Microsoft Teams. Petitioner observed the hearing and was represented. ██████████ ██████████ Petitioner's son, testified and participated as Petitioner's authorized hearing representative (AHR). The Michigan Department of Health and Human Services (MDHHS) was represented by Jamila Goods, specialist.

ISSUE

The issue is whether MDHHS properly terminated Petitioner's Medical Assistance (MA) eligibility.

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 August 5, 2024, MDHHS mailed Petitioner a Redetermination form to continue MA benefits. The due date to return the form was September 4, 2024.
2. On ██████████ ██████████ 2024, Petitioner submitted to MDHHS an application for MA benefits.
3. On September 4, 2024, MDHHS sent Petitioner a Verification Checklist requesting proof of the last 30 days of household wages by September 16, 2024.

4. On September 17, 2024, MDHHS initiated termination of Petitioner's MA eligibility beginning October 2024 due to Petitioner's failure to return verification of wages.
5. As of October 1, 2024, Petitioner had not returned to MDHHS wage verifications.
6. On October 21, 2024, Petitioner requested a hearing to dispute the closure of MA benefits.
7. On October 21, 2024, Petitioner submitted to MDHHS the requested wage verifications.

CONCLUSIONS OF LAW

The 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. MDHHS administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MA policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute a termination of MA benefits. Exhibit A, pp. 3-4. It was not disputed that the termination occurred as part of an MA benefit redetermination.¹ A Health Care Coverage Determination Notice dated September 17, 2024, stated that Petitioner's MA eligibility would end beginning October 2024, due to Petitioner's failure to return income verification. Exhibit A, pp. 22-24.

For all programs, MDHHS must periodically redetermine or renew an individual's eligibility for active programs. BAM 210 (January 2024) p. 1. The process includes a thorough review of all eligibility factors.² *Id.* For all programs, the MDHHS mails a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due. *Id.*, p. 8. A Redetermination form is considered complete when all sections are completed. *Id.* p. 11. MDHHS sends timely notice of closure if documents are not timely returned. *Id.*, p. 17. 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.

Employment income must be verified at redetermination. BEM 501 (January 2024) p. 10. For all programs, MDHHS is to inform the client what verification is required, how to

¹ MDHHS sent Petitioner redetermination documents on August 5, 2024 with a due date of September 4, 2024. Exhibit A, pp. 5-13. Petitioner complied with policy by returning an application to MDHHS on [REDACTED] 2024. Exhibit A, pp. 14-19.

² For Medicaid, an annual review of all eligibility programs is also referred to as a "renewal". BAM 210 (October 2022) p. 1.

obtain it, and the due date. BAM 130 (January 2023) p. 2. MDHHS is to use the DHS-3503, Verification Checklist (VCL), to request verification. *Id.* For MA, MDHHS is to allow the client 10 calendar days to provide the verification that is requested. *Id.*, p. 7. MDHHS may send a negative action notice when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed. *Id.*

Upon certification of eligibility results, MDHHS automatically notifies the client in writing of positive and negative actions by generating the appropriate notice of case action. BAM 220 (November 2023) p. 2. There are two types of written notice: adequate and timely. *Id.*, pp. 2-5. An adequate notice is a written notice sent to the client at the same time an action takes effect (not pending). *Id.* A timely notice is mailed at least 11 days before the intended negative action takes effect. *Id.*, pp. 4-5. The action is pending to provide the client a chance to comply with the proposed action. *Id.*, p. 4. Timely notice is given for a negative action unless policy allows for adequate or no notice. *Id.* When a client meets the requirement that caused the negative action, MDHHS is to delete the negative action. *Id.*, p. 13.

MDHHS correctly contended that it required Petitioner's wage verifications to redetermine Petitioner's MA eligibility. MDHHS mailed Petitioner a VCL on September 4, 2024, requesting verification of Petitioner's last 30 days of wages. Exhibit A, pp. 20-21. Petitioner's stated due date was September 16, 2024. *Id.* It was not disputed that Petitioner did not submit to MDHHS proof of wages until October 16, 2024: after timely notice was given for the written notice dated September 17, 2024.

Given the evidence, MDHHS properly terminated Petitioner's MA eligibility. As discussed during the hearing, Petitioner's recourse is to reapply for MA benefits.

DECISION AND ORDER

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly terminated Petitioner's MA eligibility beginning October 2024. The actions taken by MDHHS are **AFFIRMED**.

CG/nr



Christian Gardocki

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
Susan Noel
Wayne-Inkster-DHHS
26355 Michigan Ave
Inkster, MI 48141
MDHHS-Wayne-19-Hearings@michigan.gov

Interested Parties

BSC4
M. Schaefer
EQAD
MOAHR

Via-First Class Mail :

Petitioner

██████████
██████████
██████████, MI ██████████

Authorized Hearing Rep.

██████████
██████████
██████████, MI ██████████