



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

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

Date Mailed: February 11, 2025  
MOAHR Docket No.: 24-013774  
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 January 15, 2025, from Lansing, Michigan. [REDACTED] the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Colleen McKenna, eligibility Specialist (ES).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-28.

### **ISSUE**

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA)?

### **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 receiving MA based upon his eligibility for Supplemental Security Income (MA-SSI).
2. An SSI-Terminated Medicaid Coverage notice, application, and a Health Care Coverage Supplemental Questionnaire were issued to Petitioner on September 9, 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 of October 10, 2024. This notice stated MA coverage may be cancelled if the forms and proofs are not returned by the due date. (Exhibit A, pp. 10-14)

3. On [REDACTED] 2024, Petitioner submitted an application for MA. (Exhibit A, pp. 15-21)
4. On October 8, 2024, a Health Care Coverage Supplemental Questionnaire was issued to Petitioner with a due date of October 18, 2024. (Exhibit A, pp. 22-25)
5. On October 21, 2024, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied based on the failure to return the supplemental questionnaire. (Exhibit A, pp. 26-28)
6. On December 2, 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, October 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 allows a client a full 10 calendar days from the date the verification is requested (date of request is not counted) to provide all documents and information. (Exhibit A, p. 17)

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, Petitioner was receiving MA based upon his eligibility for Supplemental Security Income (MA-SSI). An SSI-Terminated Medicaid Coverage notice, application, and a Health Care Coverage Supplemental Questionnaire were issued to Petitioner on September 9, 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 of October 10, 2024. This notice stated MA coverage may be cancelled if the forms and proofs are not returned by the due date. (Exhibit A, pp. 10-14).

On [REDACTED] 2024, Petitioner submitted an application for MA. (Exhibit A, pp. 15-21). On October 8, 2024, a Health Care Coverage Supplemental Questionnaire was issued to Petitioner with a due date of October 18, 2024. (Exhibit A, pp. 22-25). Petitioner did not return the Health Care Coverage Supplemental Questionnaire. Accordingly, on October 21, 2024, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied based on the failure to return the supplemental questionnaire. (Exhibit A, pp. 26-28).

Petitioner testified that when he got the Health Care Coverage Supplemental Questionnaire, the date to send it back to the Department had already passed. (Petitioner Testimony). However, the first Health Care Coverage Supplemental Questionnaire was sent to Petitioner on September 9, 2024, with the SSI-Terminated Medicaid Coverage notice. (Exhibit A, pp. 10-14). When the Department only received an application for MA on [REDACTED] 2024, a second Health Care Coverage Supplemental Questionnaire was sent to Petitioner on October 8, 2024 with a due date of October 18, 2024. (Exhibit A, pp. 22-25). This request for further information allowed for the standard 10 calendar day period for Petitioner to provide the requested document and information.

Ultimately, the determination to deny ongoing MA eligibility for Petitioner must be upheld because while the MA application was returned timely, Petitioner did not return the Health Care Coverage Supplemental Questionnaire. Accordingly, Petitioner did not provide all the information needed to redetermine his eligibility for MA.

As discussed, Petitioner can submit a new MA application and Health Care Coverage Supplemental Questionnaire 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 Petitioner's eligibility for Medical Assistance (MA).

### **DECISION AND ORDER**

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

CL/pt



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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**  
Melissa Robinson  
Midland County DHHS  
1509 Washington, Ste. A  
PO BOX 1609  
Midland, MI 48641  
**MDHHS-Midland-Hearings@michigan.gov**

**Interested Parties**

BSC2  
M. Schaefer  
EQAD  
MOAHR

**Via-First Class Mail:**

**Petitioner**

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