



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

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Date Mailed: February 4, 2025
MOAHR Docket No.: 24-013992
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 on February 3, 2025; the parties participated by telephone. Petitioner participated and was represented. ██████████, Petitioner's cousin, participated as Petitioner's authorized hearing representative (AHR). The Michigan Department of Health and Human Services (MDHHS) was represented by Shyla Coleman, hearings facilitator.

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. As of September 2024, Petitioner received Medicaid with a benefit period certified through October 2024.
2. On ██████████ 2024, Petitioner timely returned to MDHHS a Redetermination reporting ongoing employment income.
3. On September 18 2024, MDHHS sent Petitioner a Verification Checklist (VCL) requesting proof of the last 30 days of wages by September 30, 2024.
4. On October 1, 2024, MDHHS initiated termination of Petitioner's MA eligibility beginning November 2024 due to Petitioner's failure to return verification of wages.

5. As of November 1, 2024, Petitioner had not returned to MDHHS wage verification.
6. On December 16, 2024, Petitioner requested a hearing to dispute the closure of MA benefits.

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. 3-5 The termination occurred as part of a benefit redetermination. A Health Care Coverage Determination Notice dated October 1, 2024, stated that Petitioner's MA eligibility would end November 2024, due to Petitioner's failure to return verification. Exhibit A, pp. 17-20.

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.¹ *Id.* For all programs, 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 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.*

Petitioner timely returned a Redetermination to MDHHS on September 3, 2024, which reported receipt of ongoing employment income. Exhibit A, pp. 8-14. When income

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

verification was not returned, MDHHS properly requested verification of Petitioner's wages by sending a VCL on September 18, 2024. Exhibit A, pp. 15-16. After income verification was not returned by the due date of September 30, 2024, MDHHS initiated termination of Petitioner's MA eligibility.

Petitioner's testimony suggested that she was not employed; thus, Petitioner implied an argument that wage verifications needn't be returned. However, if Petitioner did not work, she should have reported not working on redetermination documents or otherwise informed MDHHS that she was not working. There was no evidence that Petitioner reported to MDHHS that she did not work; thus, MDHHS had no reason to not expect Petitioner to return income verifications.

The evidence established that MDHHS properly requested wage verifications from Petitioner. The evidence also established that Petitioner failed to timely return wage verifications after VCL due date passed. Thus, MDHHS properly terminated Petitioner's MA eligibility. As discussed during the hearing, Petitioner's recourse is to reapply for MA benefits.²

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 November 2024. The actions taken by MDHHS are **AFFIRMED**.

CG/pt



Christian Gardocki

Administrative Law Judge

² Petitioner reapplied for MA on [REDACTED] 2024. Exhibit A, pp. 21-32. MDHHS advised that Petitioner's application was denied due to a failure to return verification. During the hearing, Petitioner was advised another hearing may be requested if the application denial is disputed.

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

Jeanenne Broadnax
Wayne-Taylor-DHHS
25637 Ecorse Rd.
Taylor, MI 48180
MDHHS-Wayne-18-Hearings@michigan.gov

Interested Parties

BSC4
M. Schaefer
EQAD
MOAHR

Via-First Class Mail:

Authorized Hearing Rep.

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Petitioner

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