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Appellant: [REDACTED]  
For: Medical Assistance  
Agency: Minnesota Department of Human Services  
Docket: 229944

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**DECISION OF  
STATE AGENCY  
ON APPEAL**

On January 15, 2020, Human Services Judge Kalli Bennett held a hearing under Minnesota Statutes, section 256.045, subdivision 3.<sup>1</sup>

The following people appeared at the hearing:

[REDACTED], Appellant.

The human services judge, based on the evidence in the record and considering the arguments of the parties, recommends the following Findings of Fact, Conclusions of Law, and Order.

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<sup>1</sup>The Minnesota Department of Human Services conducts state fair hearings pursuant to Minnesota Statutes, section 256.045, subdivision 3. The Department also conducts maltreatment and disqualification hearings on behalf of the Minnesota Departments of Health and Education pursuant to Minnesota Statutes, sections 626.556, subdivision 10i; and 626.557, subdivision 9d.

## **STATEMENT OF ISSUES**

The issue raised in this appeal is:

Whether Minnesota Health Care Programs properly closed [REDACTED]'s Medical Assistance coverage effective December 31, 2019 for failing to renew.

## **PROCEDURAL HISTORY**

1. On December 5, 2019, Minnesota Health Care Programs (Agency) sent [REDACTED] (Appellant) a Health Care Closing Notice stating Appellant's Medical Assistance (MA) coverage would terminate December 31, 2019 for failing to complete the renewal process.<sup>2</sup> On December 15, 2019, Appellant filed an appeal.<sup>3</sup>

2. On January 15, 2020, the human services judge held an evidentiary hearing on the matter by telephone conference. On January 15, 2020, the record closed consisting of the hearing testimony and two exhibits.<sup>4</sup>

## **FINDINGS OF FACT**

1. On October 13, 2019, the Agency sent Appellant a Health Care Renewal Notice and requested Appellant complete the form and return it to the Agency within 45 days.<sup>5</sup> The Agency was not able to automatically renew Appellant's MA coverage without confirming certain information.<sup>6</sup>

2. The renewal notice was sent to Appellant's address at [REDACTED], [REDACTED], MN [REDACTED].<sup>7</sup>

3. Appellant states he did not receive the renewal form and did not know about it until he received the closure notice.<sup>8</sup>

4. The Agency never received Appellant's renewal form.<sup>9</sup>

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<sup>2</sup> Exhibit 1.

<sup>3</sup> Exhibit A.

<sup>4</sup> Exhibit A: Appeal Request; Exhibit 1: Agency Appeal Summary and attachments.

<sup>5</sup> Exhibit 1.

<sup>6</sup> Exhibit 1.

<sup>7</sup> Exhibit 1.

<sup>8</sup> Testimony of Appellant.

<sup>9</sup> Exhibit 1.

5. On December 5, 2019, the Agency sent Appellant a Health Care Closing Notice stating that Appellant's MA coverage would terminate December 31, 2019 for failing to renew.<sup>10</sup>

6. Appellant received the closing notice and filed his appeal.<sup>11</sup>

### **APPLICABLE LAW**

1. ***Jurisdiction.*** The Commissioner of Human Services has jurisdiction over appeals involving matters listed in Minnesota Statutes, section 256.045, subdivision 3(a).

2. ***Timely Appeal.*** Unless federal or Minnesota law specifies a different time frame in which to file an appeal, an individual or organization specified in this section may contest the specified action by submitting a written request for a hearing to the state agency within 30 days after receiving written notice of the action or within 90 days of such written notice if the person shows good cause why the request was not submitted within the 30 day time limit.<sup>12</sup> The individual filing the appeal has the burden of proving good cause by a preponderance of the evidence.<sup>13</sup>

3. ***Burden of Proof.*** In an administrative appeal the burden of proof is governed by the state or federal laws that apply to the hearing.<sup>14</sup> When there is no specific law, the party who seeks that a certain action be taken must prove the facts at issue by a preponderance of the evidence.<sup>15</sup>

4. ***Preponderance of the Evidence.*** The "preponderance of the evidence" means, in light of the record as a whole, the evidence leads the human services judge to believe that the finding of fact is more likely true than not true.<sup>16</sup> The legal claims or arguments of a participant do not constitute either a finding of fact or a conclusion of law, except to the extent the human services judge adopts an argument as a finding of fact or conclusion of law.<sup>17</sup> The human services judge's recommended order must be based on all relevant evidence.<sup>18</sup>

5. ***Medical Assistance Renewal.*** Most Medical Assistance enrollees must renew

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<sup>10</sup> Exhibit 1.

<sup>11</sup> Testimony of Appellant.

<sup>12</sup> Minn. Stat. § 256.0451, subd. 3(i).

<sup>13</sup> Minn. Stat. § 256.0451, subd. 3(i).

<sup>14</sup> Minn. Stat. § 256.0451, subd. 17.

<sup>15</sup> Minn. Stat. § 256.0451, subd. 17.

<sup>16</sup> Minn. Stat. § 256.0451, subd. 22.

<sup>17</sup> Minn. Stat. § 256.0451, subd. 22.

<sup>18</sup> Minn. Stat. § 256.045, subd. 5.

their eligibility yearly.<sup>19</sup> Enrollees whose eligibility is not automatically renewed will receive a renewal form.<sup>20</sup> Enrollees have at least 30 days from the date of the renewal form to provide information.<sup>21</sup>

### **CONCLUSIONS OF LAW**

1. This appeal is timely and the Commissioner of Human Services has jurisdiction over this appeal under Minnesota Statutes, section 256.045, subdivision 3.

2. The preponderant evidence shows the Agency sent Appellant a Health Care Notice on October 13, 2019 and that Appellant received the notice. The notice requested Appellant return the form with additional information within 45 days. Appellant testified he did not receive the notice. The renewal form was never returned to the Agency as undeliverable and Appellant received all subsequent notices. Ultimately, the Agency never received a completed renewal form from Appellant. Without the form, the Agency could not renew Appellant's MA coverage. Therefore, following law and policy, the Agency terminated MA coverage for Appellant effective December 31, 2019. The Agency's action should be affirmed.

3. Appellant can reapply for MA coverage by submitting a completed renewal within four months from the date eligibility ended on December 31, 2019. If the Agency determines Appellant is eligible, his health care coverage would be reinstated.

### **RECOMMENDED ORDER**

Based on all of the evidence, I recommend that the Commissioner of Human Services:

- AFFIRM the Agency's termination of Appellant's Medical Assistance coverage effective December 31, 2019.

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Kalli Bennett  
Human Services Judge

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Date

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<sup>19</sup> 42 C.F.R. § 435.916; Minn. Stat. § 256B.056, subd. 7a.

<sup>20</sup> Minn. Stat. § 256B.056, subd. 7a(b).

<sup>21</sup> 42 C.F.R. § 435.916(a)(3)(i)(B).

## ORDER

On behalf of the Commissioner of Human Services and for the reasons stated above, I adopt the recommended Findings of Fact, Conclusions of Law, and Recommended Order as the final decision of the Department of Human Services.

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Date

cc: [REDACTED], Appellant  
DHS – [REDACTED]

## FURTHER APPEAL RIGHTS

**This decision is final unless you take further action.**

Appellants who disagree with this decision should consider seeking legal counsel to identify further legal action. If you disagree with this decision, you may:

- **Request the appeal be reconsidered.** The request must state the reasons why you believe your appeal should be reconsidered. The request may include legal arguments and may include proposed additional evidence supporting the request. If you propose additional evidence, you must explain why the evidence was not provided at the hearing. **The request must be in writing and be made within 30 days of the date this decision was issued by the co-chief human services judge.** You can mail the request to: Appeals Division, Minnesota Department of Human Services, P.O. Box 64941, St. Paul, MN 55164-0941. You can also fax the request to (651) 431-7523. **You must send a copy of the request to the other parties.** To ensure timely processing of your request, please include the name of the human services judge assigned to your appeal and the docket number. The law that describes this process is Minnesota Statutes, section 256.0451, subdivision 24.

- **Start an appeal in the district court.** This is a separate legal proceeding that you must start **within 30 days of the date this decision was issued by the co-chief human services judge.** You start this proceeding by: 1) serving a written copy of a notice of appeal upon the Commissioner of Human Services and upon any other adverse party of record; and 2) filing the original notice and proof of service with the court administrator of the county district court. The law that describes this process is Minnesota Statutes, section 256.045, subdivision 7.<sup>22</sup>

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<sup>22</sup> County agencies do not have the option of appealing decisions about Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Diversionary Work Program (DWP) benefits to district court under 7 Code of Federal Regulations, section 273.15(q)(2), and Minnesota Statutes, section 256J.40. A prepaid health plan may not appeal this order under Minnesota Statutes, section 256.045, subdivision 7.