

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201313630  
Issue No.: 2006  
Case No.: [REDACTED]  
Hearing Date: [REDACTED]  
County DHS: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on [REDACTED] from [REDACTED]. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of Department of Human Services (Department) included [REDACTED].

**ISSUE**

Whether the Department of Human Services (Department) properly closed the Claimant's Medical Assistance (MA) for failure to provide the Department with information necessary to determine her continued eligibility to receive Medical Assistance (MA) benefits?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. On [REDACTED] the Claimant applied for Medical Assistance (MA).
2. On [REDACTED] the Department sent the Claimant a Verification Checklist (DHS-3503) with a due date of [REDACTED].
3. On [REDACTED] the Claimant's spouse and authorized representative requested that the Department change her mailing address from the Claimant's sister's address to his address.

4. The Department extended the due date to return the Verification Checklist by 45 days.
5. On [REDACTED] the Department closed the Claimant's Medical Assistance (MA) benefits for failure to supply the Department with information necessary to determine her eligibility to receive benefits.
6. The Department received the Claimant's request for a hearing on [REDACTED] protesting the closure of Medical Assistance (MA) benefits.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or Department) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (March 1, 2013), p 5. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Department of Human Services Bridges Assistance Manual (BAM) 130 (May 1, 2012), p 1. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130. The Department uses documents, collateral contacts, or home calls to verify information. BAM 130. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. When documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

In this case, the Claimant applied for Medical Assistance (MA) on [REDACTED]. On [REDACTED], the Department sent the Claimant a Verification Checklist (DHS-3503) with a due date of [REDACTED].

On [REDACTED], the Claimant's spouse and authorized representative requested that the Department change the Claimant's mailing address from the Claimant's sister's address to his address.

The Department informed the Claimant's representative that the due date to return the Verification Checklist would be extended by 45 days.

On [REDACTED], the Department closed the Claimant's Medical Assistance (MA) benefits for failure to supply the Department with information necessary to determine her eligibility to receive benefits.

Based on the evidence and testimony available during the hearing, this Administrative Law Judge finds that the Claimant failed to provide the Department with information necessary to determine her eligibility to receive Medical Assistance (MA) in a timely manner.

The Claimant's representative testified that he did not receive the request for information, and he would have provided the Department with the required information if he had received these notices.

The proper mailing and addressing of a letter creates a presumption of receipt. That presumption may be rebutted by evidence. *Stacey v Sankovich*, 19 Mich App 638 (1969); *Good v Detroit Automobile Inter-Insurance Exchange*, 67 Mich App 270 (1976).

In this case, the Department provided the Claimant with a Verification Checklist addressed to the Claimant's mailing address of record as is required by Department policy. The Claimant failed to rebut the presumption of receipt. The notice did not return to the Department as undeliverable. The Representative contends that as the Claimant's representative, he is entitled to independent notice of the Department's request for information.

There are two types of written notice: adequate and timely.

An adequate notice is a written notice sent to the client at the same time an action takes effect (not pending). Department of Human Services Bridges Assistance Manual (BAM) 220 (November 1, 2012), pp 2-3.

Timely notice is given for a negative action unless policy specifies adequate notice or no notice. A timely notice is mailed at least 11 days before the intended negative action takes effect. The action is pending to provide the client a chance to react to the proposed action. BAM 220.

The Representative is not entitled to a hearing solely on the issue of notice when notice was sent to the client. The representative stands in the shoes of the client and does not retain rights which are separate from the client's.

Therefore, this Administrative Law Judge finds that the Department acted in accordance with its policies when it closed the Claimant's Medical Assistance (MA) benefits for failure to provide the Department with necessary information to determine her eligibility to receive Medical Assistance (MA).

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department acted in accordance with policy when it closed the Claimant's Medical Assistance (MA) benefits for failing to provide the Department with information necessary to determine her eligibility.

The Department's Medical Assistance (MA) eligibility determination is **AFFIRMED**. It is **SO ORDERED**.

/s/

Kevin

\_\_\_\_\_  
Scully  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: 04/24/2013

Date Mailed: 04/24/2013

**NOTICE:** Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing MAY be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration MAY be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
  - the failure of the ALJ to address other relevant issues in the hearing decision.

201313630/KS

Request must be submitted through the local DHS office or directly to MAHS by mail at

Michigan Administrative hearings  
Reconsideration/Rehearing Request  
P. O. Box 30639  
Lansing, Michigan 48909-07322

KS/kl

cc:

