

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2013-64328  
Issue No.: 2006  
Case No.: [REDACTED]  
Hearing Date: October 10, 2013  
County: Wayne DHS (15)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**HEARING DECISION**

Following Claimant'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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, an in-person hearing was held on October 10, 2013, from Detroit, Michigan. Participants included the above-named Claimant. [REDACTED] appeared as Claimant's authorized hearing representative. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Medical Contact Worker.

**ISSUE**

The issue is whether DHS properly terminated Claimant's Medical Assistance (MA) eligibility due to a failure to timely submit redetermination documents.

**FINDINGS OF FACT**

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

1. Claimant was an ongoing MA benefit recipient.
2. Claimant's medical eligibility was scheduled to expire at the end of [REDACTED]/2013.
3. On [REDACTED] 13, DHS mailed Claimant redetermination documents to be completed and returned by Claimant by [REDACTED] 13.
4. On [REDACTED]/13, DHS mailed Claimant a Notice of Case Action informing Claimant of a termination of MA benefits, effective [REDACTED]/2013.
5. Claimant failed to return the redetermination documents to DHS by [REDACTED]/13.

6. On [REDACTED]/13, Claimant requested a hearing to dispute the termination of MA benefits.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Claimant requested a hearing to dispute a MA benefit termination. It was not disputed that DHS terminated Claimant's eligibility due to a failure by Claimant to timely return redetermination documents.

DHS must periodically redetermine an individual's eligibility for active benefit programs. BAM 210 (7/2013), p. 1. A complete redetermination is required at least every 12 months. *Id.*

Bridges generates 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. 5. The packet consists of forms and requests for verification that are necessary for DHS to process the redetermination. The forms needed for redetermination may vary, though a Redetermination (DHS-1010) is an acceptable review form for all programs. *Id.*

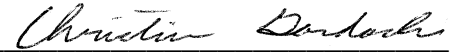
A redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed. *Id.*, p. 7. For MA benefits, verifications are due the date the packet is due. *Id.*, p. 11. Bridges gives timely notice of the negative action if the time limit is not met. *Id.*

It was not disputed that DHS appropriately mailed Claimant a redetermination packet. It was not disputed that Claimant failed to return the redetermination packet by the due date of [REDACTED]/13. Claimant testified credibly that she was hospitalized for a one week period at the end of [REDACTED]/2013 contending that it could excuse her failure to timely return the redetermination. When asked why she did not return the redetermination documents before the hospitalization, Claimant conceded that she forgot to complete and return the documents. Based on the presented evidence, it is found that DHS properly terminated Claimant's MA benefit eligibility.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly terminated Claimant's MA benefit eligibility beginning [REDACTED]/2013.

The actions taken by DHS are **AFFIRMED**.



Christian Gardocki  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 10/28/2013

Date Mailed: 10/28/2013

**NOTICE OF APPEAL:** 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

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

CG/hw

cc:

