

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

**IN THE MATTER OF:**

██████████  
██████████████████  
██████████████████

Reg. No.: 14-012880  
Issue No.: 2003  
Case No.: ██████████  
Hearing Date: December 18, 2014  
County: Wayne-District 35

**ADMINISTRATIVE LAW JUDGE: Zainab Baydoun**

**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, a telephone hearing was held on December 18, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Hearings Facilitator.

**ISSUE**

Did the Department properly close Claimant's Medical Assistance (MA) case on the basis that she failed to complete a redetermination?

**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 recipient of MA benefits.
2. On July 15, 2014, the Department sent Claimant a Redetermination form that was to be completed and returned to the Department by August 1, 2014.
3. On August 11, 2014, the Department sent Claimant a Health Care Coverage Determination Notice informing her that for the period effective September 1, 2014, ongoing, she was approved for MA benefits. (Exhibit 2)

4. On September 19, 2014, the Department sent Claimant a Health Care Coverage Determination Notice informing her that effective October 1, 2014, her MA case would be closed based on a failure to return the Redetermination. (Exhibit 1)
5. On September 26, 2014, Claimant submitted a hearing request disputing the Department's actions.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of 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 Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Additionally, the Department must periodically redetermine an individual's eligibility for active programs. The redetermination process includes a thorough review of all eligibility factors. BAM 210 (July 2014), p 1. A client must complete a redetermination at least every 12 months in order for the Department to determine the client's continued eligibility for benefits. BAM 210, p. 1. The Department allows clients a full 10 calendar days from the date the verification is requested (date of request is not counted) to provide all documents and information for MA redeterminations. BAM 210, p.14. For MA cases, benefits stop at the end of the benefit period unless a redetermination is completed and a new benefit period is certified. BAM 210, p. 2. The Department will provide the client with timely notice of the negative action by sending a Notice of Case Action if the time limit is not met. BAM 210, p.14.

In this case, the Department testified that on July 15, 2014, it sent Claimant a Redetermination form that was to be completed and returned to the Department by August 1, 2014. The Department testified that because it did not receive a completed redetermination by the due date and before the end of the certification period, it sent Claimant a Health Care Coverage Determination Notice on September 19, 2014, informing her that effective October 1, 2014, her MA benefits would be terminated due to a failure to return the redetermination. BAM 210, p. 14; (Exhibit 2). The Department stated that on September 24, 2014, it received Claimant's completed Redetermination, however, because the certification period had ended, it was too late.

At the hearing, Claimant confirmed that she received the Redetermination form from the Department and credibly testified that on July 20, 2014, she completed the form and faxed it to the Department. Claimant provided a copy of the fax confirmation page which shows the correct fax number for the Department and the date of July 20, 2014. (Exhibit A). Claimant stated that she received a Health Care Coverage Determination Notice from the Department informing her that she was approved for benefits for September 1, 2014, ongoing, which made her believe that the Department received her completed Redetermination. (Exhibit 2). Claimant testified that after receiving the Health Care Coverage Determination Notice on September 19, 2014, she resubmitted a copy of the Redetermination form, which the Department confirmed receiving on September 24, 2014.

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 because Claimant presented sufficient evidence that she submitted the Redetermination before the due date, the Department did not act in accordance with Department policy when it closed Claimant's MA case effective October 1, 2014, based on a failure to return a redetermination.

### **DECISION AND ORDER**

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reinstate Claimant's MA case effective October 1, 2014;
2. Issue supplements to Claimant for MA benefits from October 1, 2014, ongoing; and
3. Notify Claimant in writing of its decision.



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**Zainab Baydoun**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **1/6/2015**

Date Mailed: **1/6/2015**

ZB / tlf

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS **MAY** order a rehearing or reconsideration on its own motion.

MAHS **MAY** grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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 48909-8139

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

