

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

IN THE MATTER OF:

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Reg. No.: 15-001916
Issue No.: 2001
Case No.: ██████████
Hearing Date: April 02, 2015
County: Macomb-District 20 (Warren)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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 3-way telephone hearing was held on April 2, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████, Claimant's mother; ██████████, Claimant's sister; ██████████, Claimant's sister; and ██████████, Claimant's father. Participants on behalf of the Department of Human Services (Department) included ██████████, Hearing Facilitator.

ISSUE

Did the Department properly close Claimant's Medical Assistance (MA) and Medicare Savings Program (MSP) cases?

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 and MSP benefits.
2. On December 16, 2014, the Department sent Claimant a redetermination form to determine her ongoing eligibility for MA and MSP benefits and requested that the completed form be returned to the Department by January 2, 2015.
3. On January 16, 2015, the Department sent Claimant a Health Care Coverage Determination Notice notifying her that her MA and MSP cases were closing effective February 1, 2015, because she had failed to return the redetermination.

4. On February 4, 2015, Claimant's mother filed a request for hearing 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.

As a preliminary matter, it is noted that Claimant's mother requested a hearing on Claimant's behalf. Claimant's mother testified that Claimant is a disabled adult and she is Claimant's legal guardian. Although letters of guardianship appointing the mother as Claimant's guardian were requested, documentation provided concerned the appointment of a guardian ad litem for Claimant. The documentation provided does indicate that Claimant's mother is Claimant's plenary guardian. Furthermore, BAM 600 (January 2015), pp 2-3, provides that a client's parent may request a hearing on behalf of the client. Accordingly, Claimant's mother properly requested a hearing on Claimant's behalf.

The Department testified that Claimant's MA and MSP cases closed because no completed redetermination was timely returned before the certification period expired on January 31, 2015. The Department requires recipients of state benefits to complete redeterminations at least once every twelve months. BAM 210 (July 2014), p 1. MA 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.

At the hearing, the Department established that the redetermination was sent to Claimant at the address identified as Claimant's mailing address with a due date of January 2, 2015. When it did not receive a completed redetermination, Claimant's MA and MSP cases closed effective February 1, 2015. Claimant's sister explained that Claimant's mother did not timely receive the redetermination because she was out of state when the document was mailed and was dealing with significant health issues. Claimant's sister admitted that the document was not completed and returned to the Department by January 31, 2015.

Under the facts presented, where the Department properly sent the redetermination in accordance with policy and the failure to complete and return the document was not due to the Department's actions, the Department acted in accordance with Department policy when it closed Claimant's MA and MSP cases for failure to return the completed redetermination.

DECISION AND ORDER

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



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **4/15/2015**

Date Mailed: **4/15/2015**

ACE / 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]
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