

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-004617
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: May 14, 2015
County: Grand Traverse

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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; and Mich Admin Code, R 792.11002. After due notice, a 3-way telephone hearing was held on May 14, 2015, from Lansing, Michigan. Participants on behalf of Claimant included Claimant [REDACTED] by telephone, Claimant's husband, [REDACTED], and Claimant's Attorney, [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED] and [REDACTED]. Assistant Attorney General [REDACTED] also appeared by telephone.

ISSUE

Did the Department properly close Claimant's Medicaid (MA) benefits?

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 applied and was approved for Medicaid-Other Health Kids in October 2014.
2. A New Hire Notice was sent to Claimant on December 9, 2014.
3. On December 15, 2014, Claimant left a voicemail requesting that her Medicaid case be closed.
4. A Health Care Coverage Determination Notice was sent to Claimant on December 16, 2014, by DHHS Central Print informing Claimant that her Medicaid case would close.
5. Claimant requested a hearing on March 16, 2015, contesting the closure of Medicaid.

CONCLUSIONS OF LAW

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

In this case, Claimant testified at hearing that she left a voicemail with her caseworker on December 15, 2014, seeking instruction about what action was necessary due to her husband's employment income. Having not received a response and having received insurance cards, the Claimant and her husband assumed that they continued to have active ongoing Medicaid coverage. Claimant and her husband testified that they did not receive the Health Care Coverage Determination Notice sent by the Department on December 16, 2014.

The Department caseworker, [REDACTED], testified that she received a voicemail from [REDACTED] on December 15, 2014, with instructions to close Claimant's case. The Department provided a record of the voicemail, and [REDACTED] handwritten message log that reads "close benefits". [REDACTED] then processed the case for closure triggering the Health Care Coverage Determination Notice to be sent from the DHHS Central Print in Lansing. If this notice had been returned, a note of return mail would have alerted the county office; no note was on the system.

[REDACTED] testimony regarding the voice mail message was more credible than [REDACTED] testimony. She had her handwritten notes that corroborated her testimony. She testified that [REDACTED] left her case number, and her note confirmed that [REDACTED] could not recall whether she left her case number or not and was less detailed in her recollection of what was said in the voicemail.

[REDACTED] testified that he began working shortly after Thanksgiving. Department policy requires that income be reported within 10 days. [REDACTED] income was not reported within 10 days, and this was a violation of Department policy. The Department only discovered his employment income when they received a wage match. A New Hire Notice was sent to Claimant on December 9, 2014, instructing Claimant to provide verifications regarding her husband's employment income. It was this notice that compelled her to contact the Department and request that her case close.

Claimant and her husband confirmed that they received numerous mailings from the Department including the New Hire Notice received within a week of the Health Care Coverage Determination Notice they testified to not receiving.

If Claimant believed that her Medicaid benefits were active, then she would have been required to comply with the request for employment verifications sent on December 9, 2014. She did not comply with that request because she requested that her case close. Had her case still been open, once the deadline to provide employment verifications had passed then the case would have closed on that basis regardless of whether she voluntarily closed her case on December 15, 2014. It is also questionable why Claimant would not have followed up with the Department if her December 15, 2014, voicemail requested instruction about what to do next and she received no response.

Claimant's husband, in his request for hearing, describes receiving a welcome package and insurance cards in October 2014. At hearing, [REDACTED] testified that he believed they received the insurance cards in December 2014. This inconsistency and his failure to timely report his employment income make the credibility of [REDACTED] testimony at hearing questionable as well.


The undersigned Administrative Law Judge finds that Claimant voluntarily closed her case by leaving a voicemail and that Claimant received the Health Care Coverage Determination Notice mailed to her on December 16, 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 the Department acted in accordance with Department policy when it closed Claimant's Medicaid case at Claimant's request.

In addition, Claimant's request for hearing was untimely because it was filed more than 90 days after the Health Care Coverage Determination Notice and could have been dismissed on that basis. BAM 600.

DECISION AND ORDER

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



Aaron McClintic
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **5/18/2015**

Date Mailed: **5/18/2015**

AM/jaf

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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

