

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

**IN THE MATTER OF:**

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

Reg. No.: 15-005861  
Issue No.: 2003  
Case No.: ██████████  
Hearing Date: May 27, 2015  
County: WAYNE-DISTRICT 19  
(INKSTER)

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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 telephone hearing was held on May 27, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Hearing Facilitator.

**ISSUE**

Did the Department properly close the Claimant's Medical Assistance for failure to complete the 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. The Department sent the Claimant a redetermination to be completed regarding Medical Assistance.
2. The Claimant did not complete the redetermination the Department sent to the Claimant.
3. The Claimant moved from her ██████████ home address which was the Department's last address of record for the Claimant. The Claimant moved in January 2015.

4. The Department has no record of receiving any notice of a change of address from the Claimant. The mail sent to the Claimant was sent to the address of record in the Department's records.
5. The Department sent a Health Care Determination Notice to the Claimant dated March 20, 2015 closing the Claimant's MA case effective April 1, 2015.
6. The Claimant requested a hearing on April 6, 2015.

### **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, the Department closed the Claimant's Medical Assistance HMP effective April 1, 2015 when she failed to return the redetermination sent to her by the Department. BAM 130 (October 1, 2014) p. 1. The Claimant moved out of the house at [REDACTED] and did not advise the Department that she was no longer living at that address. This move occurred sometime in January 2015. The Claimant claimed that she called her case worker with a change of address and that she came to the Department and used the lobby phone to leave a voice message for her case worker regarding a change of address. The Claimant did not sign the sign-in book when she left messages that her address had changed. The Claimant's current address was not on record as of the hearing. The Claimant did not complete anything in writing to advise the Department she had changed addresses and did not change her address with the post office when she moved in with a friend in January 2015. The purported reason she did not get the redetermination was that her stepmother hid the mail from her (apparently). The Claimant did not receive her mail from her father until sometime in April 2015, around April 6, 2015. The Department had no record of receiving a change of address in the Bridges System.

Department policy makes it a Claimant responsibility to report changes and provides:

Other changes must be reported within 10 days after the client is aware of them. These include, but are **not** limited to, changes in:

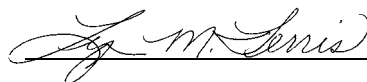
- Persons in the home.
- Marital status.
- Address and shelter cost changes that result from the move.
- Vehicles.
- Assets.
- Child support expenses paid.
- Health or hospital coverage and premiums.
- Child care needs or providers. BAM 105 (April 1, 2015) page 11.

Based upon the preponderance of the evidence presented at the hearing, it is determined that the Claimant did not advise the Department of a change of address and there is no record of the change. Nor did Claimant provide an address for where she was living in January 2015 or state in her hearing request that she had filed an address change with the Department; thus, for these reasons it is determined that no such change occurred.

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 the Claimant's Medical Assistance for failure to complete a redetermination.

### **DECISION AND ORDER**

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



**Lynn M. Ferris**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **5/28/2015**

Date Mailed: **5/28/2015**

LMF / cl

**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: Kayla Claydon  
Latasha Newell  
Wayne-District 19 (Inkster)  
BSC4-Hearing Decisions  
M. Best  
EQADHShearings  
AH