

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

**IN THE MATTER OF:**

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

Reg. No.: 15-003542  
Issue No.: 2003  
Case No.: ██████████  
Hearing Date: June 18, 2015  
County: Wayne-District 19 (Inkster)

**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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on June 18, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and her mother, ██████████. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Hearings Facilitator.

**ISSUE**

Did the Department properly close Claimant's Medical Assistance (MA) and Medicare Savings Program (MSP) cases on the basis that she failed to return 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 and MSP benefits.
2. On November 30, 2014, the Department sent Claimant a redetermination form for her MA and MSP cases that was to be completed and returned to the Department by December 15, 2014. (Exhibit A)
3. On December 19, 2014, the Department sent Claimant a Health Care Coverage Determination Notice informing her that effective January 1, 2015, her MA case would be closed on the basis that she failed to return the redetermination. (Exhibit B)

4. On January 16, 2015, the Department sent Claimant a Health Care Coverage Determination Notice informing her that effective February 1, 2015, her MSP case would be closed on the basis that she failed to return the redetermination. (Exhibit C)
5. The Department received Claimant's completed redetermination on January 22, 2015. (Exhibit D)
6. On February 26, 2015, Claimant requested a hearing disputing the Department's actions.

### **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.

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 because it did not receive a completed redetermination by the due date, it sent Claimant the Health Care Coverage Determination Notices referenced above informing her of the closure of her MA and MSP cases. The Department confirmed receiving Claimant's redetermination on January 22, 2015. Claimant provided documentation to the Department to establish that during the time of her redetermination, she was hospitalized. The Department accepted

Claimant's documentation and stated that due to Claimant's extenuating circumstances, the Department should have provided Claimant with additional time to provide the redetermination and requested proofs. The Department testified that Claimant's MA and MSP cases should be reinstated effective the date of closure for each respective program.

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 based on the Department's testimony at the hearing, the Department did not act in accordance with Department policy when it closed Claimant's MA and MSP cases.

### **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. Reinstatement of Claimant's MA case effective January 1, 2015;
2. Reinstatement of Claimant's MSP case effective February 1, 2015;
3. Provide Claimant with MA coverage from January 1, 2015, ongoing, and with MSP coverage from February 1, 2015, ongoing; and
4. Notify Claimant in writing of its decision.



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

Date Signed: **7/16/2015**

Date Mailed: **7/16/2015**

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