

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-008206
Issue No.: 2000
Case No.: [REDACTED]
Hearing Date: July 6, 2015
County: Wayne (19)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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 July 6, 2015, from Detroit, Michigan. Participants included the above-named Claimant, [REDACTED], Claimant's spouse, testified on behalf of Claimant. Participants on behalf of the Michigan Department of Health and Human Services (MDHHS) included [REDACTED], hearing facilitator.

ISSUE

The issue is whether MDHHS resolved the dispute leading to Claimant's hearing request.

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 and his spouse were ongoing MA benefit recipients.
2. Claimant's MA benefit period was scheduled to end as of [REDACTED].
3. On an unspecified date, MDHHS mailed Claimant a Redetermination, to be returned by Claimant to MDHHS by [REDACTED].
4. By [REDACTED], Claimant did not return the Redetermination.
5. On an unspecified date before [REDACTED], Claimant returned the Redetermination to MDHHS.

6. On [REDACTED], MDHHS mailed Claimant a Health Care Coverage Determination Notice informing Claimant of a closure of MA benefits, effective June 2015, due to Claimant's failure to return the Redetermination.
7. On [REDACTED], Claimant requested a hearing to dispute the termination of MA benefits.
8. On [REDACTED], MDHHS redetermined Claimant's MA eligibility.

CONCLUSIONS OF LAW

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

On [REDACTED], Claimant requested a hearing to dispute a termination of MA eligibility. It was not disputed that the MDHHS action prompting Claimant's hearing request was a notice dated [REDACTED] which informed Claimant of a MA benefit termination due to Claimant's failure to return redetermination documents.

Claimant testimony conceded that he did not return the requested redetermination documents to MDHHS by the deadline of [REDACTED]. MDHHS testimony conceded that Claimant returned the redetermination documents timely enough that MDHHS should have processed the redetermination documents.

As it happened, MDHHS processed Claimant's and his spouse's MA eligibility- possibly on [REDACTED] or perhaps on a later date. Whichever date it was, it was not disputed that MDHHS determined Claimant and his wife to be ineligible for continuing MA coverage. During the hearing, Claimant and his spouse expressed an interest in disputing the MA termination. A cursory and unofficial consideration of evidence indicated that Claimant's and his wife's income would qualify them for Medicaid, but subject to a deductible. The consideration was only provided as a courtesy to Claimant.

Claimant's hearing request dated [REDACTED] was not prompted by a dispute over income, it was prompted by a dispute over a failure by MDHHS to process Claimant's redetermination documents. MDHHS has since processed Claimant's redetermination. Thus, Claimant's hearing request dated [REDACTED] is properly dismissed. If Claimant

still desires an administrative hearing disputing the actions taken by MDHHS from approximately [REDACTED], Claimant will have to request another hearing.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that MDHHS resolved Claimant's hearing request dated [REDACTED] by processing Claimant's MA benefit redetermination for June 2015. Claimant's hearing request is **DISMISSED**.



Christian Gardocki
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **7/6/2015**

Date Mailed: **7/6/2015**

CG / hw

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:

