

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

IN THE MATTER OF:

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Reg. No.: 15-013192
Issue No.: 2002
Case No.: ██████████
Hearing Date: September 17, 2015
County: Macomb-District 36

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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on September 17, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant; ██████████, Claimant's wife; ██████████, Claimant's daughter and translator (Thai); and ██████████ ██████████ Claimant's son-in-law. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Hearing Facilitator.

ISSUE

Did the Department properly deny Claimant's application for Medical Assistance (MA) for himself and his wife?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On May 31, 2015, Claimant applied for MA for himself and his wife.
2. On June 1, 2015, the Department sent Claimant a DHS-1004, Health Care Coverage Supplemental Questionnaire, advising him that he needed to return the completed form and all required proofs by June 11, 2015 or his application could be denied (Exhibit A).
3. The Department did not receive the completed DHS-1004 (Exhibit B).

4. On June 22, 2015, the Department sent Claimant a Health Care Coverage Determination Notice notifying him that his MA application was denied because he failed to return the supplemental questionnaire mailed to him requesting additional information necessary to determine his eligibility for health care coverage (Exhibit C).
5. On July 15, 2015, Claimant filed a request for 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.

When a client submits an application that does not contain enough information to determine eligibility because all required questions are not answered for the program for which the client applies, the Department must inform the client of the additional information that is required and the due date. BAM 115 (January 2015), p. 5. In this case, after Claimant submitted an MA application, the Department sent him the June 1, 2015 Health Care Coverage Supplemental Questionnaire for completion because he had failed in his application to provide income and asset information necessary to process the application (Exhibit A). The Department testified that, because it did not receive the completed questionnaire, it denied Claimant's MA application.

At the hearing, Claimant's daughter testified that she mailed the completed questionnaire to the Department in the Department-provided envelope but the envelope was returned to Claimant as undeliverable. A copy of the returned envelope was admitted into evidence as Exhibit 1. Although the faxed Exhibit 1 does not clearly show that the envelope was returned to Claimant, the Department acknowledged at the hearing that it was marked "return to sender." Claimant's daughter testified that she put the completed form in the mail before the June 11, 2015 due date. The postal service date stamp does not clearly identify the date the letter was processed but does show June 2015, providing support to Claimant's daughter's testimony that the document was

mailed before the June 22, 2015 Health Care Coverage Determination Notice was sent to Claimant denying the application. Claimant also testified that she put the form in the envelope so that the Department address on the form, PO Box 30466, Lansing, MI 48909-9612, showed in the window on the envelope. The Department acknowledged that at some point mail that was being sent to Lansing was rerouted to a new address in Royal Oak. The Department's testimony provides a basis to explain why the form was not delivered to the P.O. Box in Lansing and was sent back to Claimant.

Based on the evidence in this case, Claimant's daughter timely mailed the completed questionnaire and the envelope was returned by the postal service to Claimant as undeliverable. Therefore, Claimant took all the actions he was required to take to timely submit the requested verifications. Because the requested verification would have been timely delivered and was not delivered for reasons beyond Claimant's control, 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 did not act in accordance with Department policy when it denied Claimant's MA application.

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. Reregister and reprocess Claimant's May 31, 2015 MA application to determine Claimant's and his wife's MA eligibility;
2. Provide Claimant and his wife with MA coverage they are eligible to receive, if any, from May 1, 2015 ongoing; and
3. Notify Claimant in writing of its decision.



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

Date Signed: **9/25/2015**

Date Mailed: **9/25/2015**

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 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]
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