

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-014348
Issue No.: 2003
Agency Case No.: [REDACTED]
Hearing Date: October 12, 2015
County: Oakland-District 3

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, an in-person hearing was held on October 12, 2015, from Southfield, Michigan. Participants on behalf of Claimant included Claimant and [REDACTED], Claimant's father and authorized hearing representative (AHR). Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Assistance Payment Supervisor.

ISSUE

Did the Department properly close Claimant's Medical Assistance (MA) case effective August 1, 2015, due to failure to complete 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 benefits.
2. On June 16, 2015, the Department sent Claimant a redetermination form to determine his ongoing MA eligibility; the form indicated it was to be completed and submitted to the Department by July 1, 2015, (Exhibit A).
3. On July 20, 2015, the Department sent Claimant and the AHR a Health Care Coverage Determination Notice indicating that Claimant's case was closing effective August 1, 2015, because Claimant had failed to return the completed redetermination (Exhibits A and 1).
4. On July 27, 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 Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The Department requires recipients of state benefits to complete redeterminations at least once every twelve months. BAM 210 (July 2015), p. 1. MA 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 testified that it sent Claimant a redetermination concerning his ongoing MA eligibility on June 16, 2015, that was due on July 1, 2015. The form was sent to Claimant at the address he identified on the record. When the Department did not receive a completed redetermination by the due date, it sent Claimant a Health Care Coverage Determination Notice on July 20, 2015, notifying him that his MA case would close effective August 1, 2015.

At the hearing, the AHR testified that he was Claimant's authorized representative for purposes of Department benefits to Claimant and that neither he nor Claimant received the redetermination form when it was sent on June 16, 2015. He acknowledged that they both received a copy of the July 20, 2015, Health Care Coverage Determination Notice that indicated that Claimant's case was due to close effective August 1, 2015, for failure to return the redetermination. The AHR provided a copy of the Notice that showed it was addressed to him at his address, which is different than Claimant's address (Exhibit 1). The fact that the AHR received a copy of the Health Care Coverage Determination Notice addressed to him at his address supported his testimony that he was Claimant's authorized representative.

The authorized representative assumes all the responsibilities of a client. BAM 110 (July 2014), p. 9. Accordingly, the Department should send all correspondence concerning the client's case to the authorized representative. In this case, the Department was initially unsure whether the AHR was Claimant's authorized representative but claimed that if he was an authorized representative, he would have been sent a copy of the redetermination. However, the only evidence the Department presented concerning the mailing of the redetermination was the copy of the form sent to Claimant at Claimant's address despite the fact that, in the request for hearing, Claimant indicated that neither he nor his father had received the redetermination.

While the Department's evidence was sufficient to establish that it mailed a redetermination to Claimant, the Department failed to satisfy its burden that it acted in accordance with Department policy by sending Claimant's father, as Claimant's authorized representative, a copy of the redetermination at the time a copy was sent to Claimant.

It is noted that the Department confirmed that it received a completed redetermination from Claimant on September 14, 2015. The AHR testified that he completed a copy of the June 16, 2015, redetermination form sent to him after Claimant filed the July 27, 2015, hearing request and sent the completed form to the Department mid-August 2015. Based on the evidence presented at the hearing, Claimant received this copy of the redetermination form only after his case closed on August 1, 2015, and in connection with his hearing request.

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 closed Claimant's MA case.

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. Reinstate Claimant's MA case effective August 1, 2015;
2. Reprocess the redetermination;
3. Provide Claimant with any MA coverage he is eligible to receive from August 1, 2015, ongoing; and
4. Notify Claimant and the AHR in writing of its decision.



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

Date Mailed: **10/20/2015**

ACE/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:

