

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-014528  
Issue No.: 2003  
Case No.: [REDACTED]  
Hearing Date: September 28, 2015  
County: WAYNE-DISTRICT 49

**ADMINISTRATIVE LAW JUDGE: Eric Feldman**

**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 September 28, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant, [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department or MDHHS) included [REDACTED], Hearings Facilitator.

**ISSUE**

Did the Department properly close Claimant's Medical Assistance (MA) benefits effective [REDACTED], ongoing?

**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 [REDACTED], the Department sent Claimant a redetermination (review of MA eligibility) and it was due back by [REDACTED]. See Exhibit A, pp. 4-6.
3. Claimant indicated that he never received the redetermination.
4. The Department indicated that it never received Claimant's redetermination before the benefit period had ended ([REDACTED]).
5. On [REDACTED], the Department sent Claimant a Health Care Coverage Determination Notice (determination notice) notifying him that his MA benefits

would close effective [REDACTED], due to the failure to verify or allow the Department to verify information necessary to determine eligibility for this program. See Exhibit A, pp. 8-9.

6. On [REDACTED], Claimant filed a hearing request, protesting the Department's action. See Exhibit A, p. 3.

### **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.

Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (April 2015), p. 8. This includes completion of necessary forms. BAM 105, p. 8. The local office must assist clients who ask for help in completing forms or gathering verifications. BAM 105, p. 14.

Redetermination, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs. BAM 210 (April 2015), p. 1. A complete redetermination is required at least every 12 months. BAM 210, p. 1. Local offices must assist clients who need and request help to complete applications, forms and obtain verifications. BAM 210, p. 1.

For MA cases, benefits stop at the end of the benefit period unless a renewal is completed and a new benefit period is certified. BAM 210, p. 2. Also, the renewal month is 12 months from the date the most recent complete application was submitted. BAM 210, p. 2.

The Department does not redetermine the following MA coverages:

- Special N/Support; see BEM 113.
- Title IV-E recipients; see BEM 117.
- Special needs adoption assistance recipients; see BEM 117.
- Department wards; see BEM 117.

- Supplemental Security Income (SSI) recipients; see BEM 150.

BAM 210, p. 3.

A redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed. BAM 210, p. 10. When a complete packet is received, the Department records the receipt in its system as soon as administratively possible. BAM 210, p. 10. If the redetermination is submitted through MI Bridges, the receipt of the packet will be automatically recorded. BAM 210, p. 10. For MA cases, benefits are not automatically terminated for failure to record receipt of the redetermination packet. BAM 210, p. 11.

In the present case, Claimant testified that he never received the redetermination dated [REDACTED]. See Exhibit A, pp. 4-6 (Department only provided three of the six pages of the redetermination). Claimant testified that he did receive the determination notice dated [REDACTED]. See Exhibit A, pp. 8-9. Moreover, Claimant testified that the address was proper on the redetermination and that he does not have issues in receiving MDHHS/third party correspondence from the United States Postal Service (USPS).

Additionally, Claimant testified that he contacted the MDHHS office multiple times subsequent to determination notice (dated [REDACTED]) requesting assistance. In fact, Claimant provided verification of his wireless records, which showed proof that he made attempts to contact the Department. See Exhibit 1, pp. 1-23. Claimant's wireless records show that he made attempts to contact the Department from on or around [REDACTED] to [REDACTED]. See Exhibit 1, pp. 1-23. Claimant testified that he only received one response from the Department in which he had difficulty speaking to the Department due to static.

The proper mailing and addressing of a letter creates a presumption of receipt which may be rebutted by evidence. *Stacey v Sankovich*, 19 Mich App 638 (1969); *Good v Detroit Automobile Inter-Insurance Exchange*, 67 Mich App 270 (1976).

Based on the foregoing information and evidence, the Department properly closed Claimant's MA case effective [REDACTED], ongoing, in accordance with Department policy. See BAM 105, p. 8 and BAM 210, pp. 1-10.

First, it is found that Claimant failed to rebut the presumption of proper mailing. The Department provided sufficient evidence to show that it did send Claimant the redetermination to his proper address in March of 2015. See Exhibit A, pp. 4-7 (Packet Received screen showing that a DHS-1010, Redetermination, was sent to Claimant on [REDACTED] and a partial copy of the redetermination). Moreover, Claimant did not indicate any issues in receiving MDHHS mail from the USPS. As such, it is found that the Department properly sent Claimant's redetermination to his address in March of 2015.

Second, it is evident that Claimant contacted the Department multiple times seeking assistance subsequent to the determination notice (dated [REDACTED]). See Exhibit 1, pp. 1-23. However, Claimant only began contacting the Department after his redetermination due date (redetermination due by [REDACTED]). As stated above, the Department properly sent Claimant the redetermination and he had failed to submit the redetermination before the end of the benefit period ([REDACTED]). Policy states that the Claimant must complete the necessary forms in determine his ongoing MA eligibility. BAM 105, p. 8. Because the redetermination was properly mailed and Claimant failed to submit the redetermination before the end of the benefit period ([REDACTED]), the Department acted in accordance with Department policy when it closed Claimant's MA case effective [REDACTED], ongoing. See BAM 105, p. 8 and BAM 210, pp. 1-10. Claimant can reapply for MA benefits.

### **DECISION AND ORDER**

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 properly closed Claimant's MA benefits effective [REDACTED].

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



**Eric Feldman**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **9/29/2015**

Date Mailed: **9/29/2015**

EF / 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:

