

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

IN THE MATTER OF:



MAHS Reg. No.: 15-017023
Issue No.: 2001
Agency Case No.: [REDACTED]
Hearing Date: November 19, 2015
County: MONTCALM

ADMINISTRATIVE LAW JUDGE: Gary Heisler

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 November 19, 2015, from Lansing, Michigan. Participants on behalf of Claimant included herself. The Department of Health and Human Services (Department) was not represented. This Administrative Law Judge was notified by Email that the Department had called in for the hearing and left a contact telephone number. That number was called three times and the result was reaching a case worker's voicemail. This was reported to the MAHS administrative staff and they called the local office to get the contact phone number. The local office provided the same phone number which was called again and still resulted in reaching a case worker's voicemail. The legal right of a Claimant to have a hearing is not negated by the Department's failure to participate. The hearing was conducted without a Department representative.

ISSUE

Did the Department properly close Claimant's son's Medical Assistance (MA) on July 20, 2015?

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's son was an ongoing recipient of Medical Assistance (MA) benefits.
2. In October 2014, Claimant reported an address change.
3. On June 16, 2015, the Department sent a Redetermination (DHS-1010) to Claimant's old address.

4. The USPS returned the Redetermination (DHS-1010).
5. On July 20, 2015, the Department sent a Health Care Coverage Determination Notice (DHHS-1606) to Claimant at the old address, stating her son's Medical Assistance (MA) was no longer eligible.
6. On August 25, 20015, Claimant contacted the Department because her son's medical appointments were not covered.
7. On September 8, 2015, Claimant submitted a hearing request.

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.

During this hearing Claimant testified credibly that she reported a change of address in October 2014. It is noted that Claimant provided her current address on the hearing request. However, the address used to send Claimant notice of this hearing was obtained from Department records and was the old address.

In this case the Department failed to update the address Claimant reported and sent the Redetermination (DHS-1010) to an incorrect address. Therefore, the Department did not provide Claimant with the required opportunity to submit the Redetermination (DHS-1010) and closure of Claimant's son's Medical Assistance (MA) was the fault of the Department.

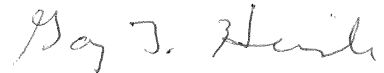
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Claimant's son's Medical Assistance (MA) on July 20, 2015.

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. Send a Redetermination (DHS-1010) for Claimant's son's Medical Assistance (MA) beginning August 1, 2015, to Claimant's current address.
2. Process the Redetermination in accordance with Department policy.
3. Send Claimant a current notice of her son's Medical Assistance (MA) beginning August 1, 2015.



Gary Heisler
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Mailed: **12/1/2015**

GH/nr

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:

