

**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.: 15-005213
Issue No.: 2003
Case No.: ██████████
Hearing Date: May 13, 2015
County: WAYNE-DISTRICT 19
(INKSTER)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 May 13, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included ██████████ Hearing Facilitator.

ISSUE

Did the Department properly close the Claimant's HMP case for failure to complete the 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. The Department sent an incomplete redetermination package to the Claimant at the correct address. The redetermination did not contain the attached application that the Claimant was required to complete as part of the review. The Redetermination was due on March 2, 2015. The Department closed the Claimant's HMP due to failure to receive the redetermination on March 2, 2015. Exhibit A.
2. The Claimant did not receive the redetermination paperwork and called his case worker, after he received the Healthcare Determination dated March 2, 2015 closing the MA case effective April 1, 2015, to advise the caseworker he never received the redetermination paperwork. The Claimant did not receive a return call

from his caseworker. He also tried to fix the problem online which was unsuccessful.

3. The Claimant requested a hearing on April 6, 2015, the date the Department received the request protesting the HMP closure stating he never received the redetermination.

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.

In this case, the Department closed the Claimant's HMP medical assistance case when it did not receive a redetermination it allegedly sent to the Claimant on February 2, 2015. The redetermination required that the Claimant complete an attached application which was confirmed by the Department as not attached to the redetermination when allegedly mailed. The Claimant credibly testified that he never received the redetermination and, upon learning his case was closed, called his caseworker to advise the caseworker that he never received the redetermination. The caseworker did not return the Claimant's phone call.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (October 1, 2014) p. 1. It is noteworthy that the Claimant's understanding of the facts is consistent throughout, as his hearing request also notes he never received the redetermination. While policy found in BAM 130 regarding failure to return a verification or to complete a redetermination can cause closure of an active case, in this instance based upon the Claimant's credible testimony that he did not receive the redetermination and the fact that the redetermination which was allegedly sent by the Department was not complete, the Department did not properly close the Claimant's HMP case for failure to complete the redetermination as it is determined that Claimant did not receive it. BAM 130 (October 1, 2014) p. 6.

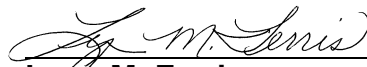
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it closed the Claimant's HMP case for failure to complete the redetermination as it is determined that Claimant did not receive it.

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. The Department shall reinstate the Claimant's HMP medical assistance and process the redetermination to determine eligibility.
2. The Department shall provide a new and complete redetermination package to the Claimant.



Lynn M. Ferris

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

Date Signed: **5/13/2015**

Date Mailed: **5/13/2015**

LMF / cl

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]
[REDACTED]
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