

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

Reg. No.: 15-007847  
Issue No.: 2003  
Case No.: ██████████  
Hearing Date: June 24, 2015  
County: MACOMB-DISTRICT 12

**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, a telephone hearing was held on June 24, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant, ██████████. Participants on behalf of the Department of Health and Human Services (Department or DHHS) included ██████████, Eligibility Specialist.

**ISSUE**

Did the Department properly close Claimant's and her child's (Child A) Medical Assistance (MA) benefits effective May 1, 2015, due to a failure to submit a completed 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 and Child A were ongoing recipients of MA benefits.
2. Effective March 1, 2015, Claimant's household address changed (hereinafter referred to as "new address"). See Exhibit B, p. 1.
3. On March 17, 2015, the Department sent Claimant a redetermination (review of MA eligibility) to Claimant's "old address," and it was due back by April 1, 2015. See Exhibit B, pp. 2-7.

4. Claimant indicated that she never received the redetermination and the Department indicated that it never received any submitted redetermination before the benefit period had ended (April 30, 2015).
5. On April 17, 2015, the Department sent Claimant a Health Care Coverage Determination Notice (determination notice) to her new address notifying her that her and Child A's MA benefits would close effective May 1, 2015, due to the failure to submit a redetermination. See Exhibit A, pp. 2-4.
6. On May 12, 2015, Claimant filed a hearing request, protesting the Department's action. See Exhibit A, pp. 6-7.

### **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.

#### **Preliminary matter**

Claimant also has an additional child, Child B, who receives MA coverage. However, both parties acknowledged that Child B has ongoing MA benefits and therefore, the undersigned will not address Child B's MA benefits. The undersigned will only address whether the Department properly closed Claimant's and Child A's MA benefits effective May 1, 2015.

#### **MA case closure**

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.

A complete redetermination is required at least every 12 months. BAM 210 (April 2015), 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's testimony varied as to when she moved to her new address and when she notified the Department and the United States Postal Service (USPS) of the change. Moreover, the Department provided testimony that it (the DHHS caseworker present for the hearing) was contacted from Child Protective Services (CPS) on March 16, 2015, in which CPS did not have a proper address/unable to locate the Claimant in an unrelated issue. The Department further testified that it notified CPS that it had Claimant's old address in its system. Finally, the Department testified that Claimant's address was corrected after the conversation with CPS and testified that Claimant reported her new address change to DHHS on March 17, 2015.

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 did not act in accordance with Department policy when it closed Claimant's and Child A's MA benefits effective May 1, 2015. It is found that Claimant rebutted the presumption of proper mailing. The undersigned finds Claimant's testimony credible that she never received the redetermination. Claimant's credibility is supported by the fact the Department sent the redetermination to her old address and the Department's testimony that Claimant's address had been changed on the date the redetermination was generated. Because the Claimant rebutted the presumption of proper mailing and the Department failed to send the redetermination to Claimant's new address, it improperly closed Claimant's

and Child A's MA benefits effective May 1, 2015, in accordance with Department policy. See BAM 105, p. 8 and BAM 210, pp. 1-11.

**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 did not act in accordance with Department policy when it closed Claimant's and Child A's MA benefits effective May 1, 2015.

Accordingly, the Department's MA 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 and Child A's MA case as of May 1, 2015;
2. Begin recalculating the MA budget for May 1, 2015, ongoing, in accordance with Department policy;
3. Issue supplements to Claimant and Child A for any MA benefits they were eligible to receive but did not from May 1, 2015, ongoing; and
4. Notify Claimant of its MA decision.



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

Date Signed: **6/25/2015**

Date Mailed: **6/25/2015**

EJF/tm

**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]  
[REDACTED]  
[REDACTED]