

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-009298
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: August 24, 2015
County: WAYNE-DISTRICT 19

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 August 24, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. A witness [REDACTED] also appeared. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Hearing Facilitator.

ISSUE

Did the Department properly close the Claimant's Medical Assistance (MA) case for failure to provide information regarding a new hire notice?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On [REDACTED], the Department sent the Claimant a New Hire Client Notice to be returned [REDACTED]. Exhibit 1
2. The Claimant returned the Notice timely but addressed the Notice to the wrong address. The Notice was returned to him in the mail. Exhibit 1
3. Thereafter, the Claimant returned the Notice by fax to the Department after the due date, which was received by the Department on [REDACTED].
4. The Department issued a Health Care Coverage Determination Notice on [REDACTED] closing the Claimant's Medical Assistance for failure to provide the New Hire Client Notice. Exhibit 2

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 Medical Assistance case due to failure to provide a completed New Hire Notice by the due date of [REDACTED]. The Claimant received the new hire form he had completed by return mail due to an improper address. Thereafter, he returned the form via fax to the Department on [REDACTED]. The Department issued a Health Care Coverage Determination Notice on [REDACTED], closing the Claimant's Medical Assistance for failure to provide the New Hire Client Notice.

In this case, the Department did not comply with Department policy when it closed the Claimant's Medical Assistance case for failure to provide verification of new employment. The Claimant returned the information to the Department on [REDACTED], [REDACTED] which was prior to the negative action date. Exhibit 2. The negative action date was the date the Department sent Notice to the Claimant which was [REDACTED]. Based upon policy found in BAM 220 the Department was required to reinstate the case as the Claimant's error was corrected before the negative action date.

BAM 220 requires:

Requirement Met Before Negative Action Effective Date

Enter the information the client provided to meet the requirement that caused the negative action, using the appropriate Bridges screens. Then follow Additional Steps to Delete a Negative Action in this section.

Additional Steps to Delete a Negative Action

Take these additional steps to delete a negative action in Bridges:

- Reactivate the program(s) on the Program Request screen in Bridges.
- Run eligibility and certify the results.

Bridges will automatically recalculate benefits based on the information and dates entered in the system; see EFFECTIVE DATE OF CHANGE in this item. BAM 220 (October 1, 2015), p. 13.

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 Medical Assistance case as the Claimant corrected the requirement that caused the negative action before the negative action date.

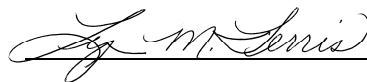
DECISION AND ORDER

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 Medical Assistance case as of the date of closure in accordance with this Decision and Department policy.
2. The Department shall provide the Claimant written notice of its reinstatement of the Claimant's MA case.



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **9/8/2015**

Date Mailed: **9/8/2015**

LMF / 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:

