

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

**IN THE MATTER OF:**

████████████████████	MAHS Reg. No.:	15-020046
████████████████████	Issue No.:	2002
████████████████████	Hearing Date:	February 02, 2016
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**ADMINISTRATIVE LAW JUDGE: Kevin Scully**

**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 After due notice, telephone hearing was held on February 02, 2016, from Lansing, Michigan. Participants on behalf of Claimant included ██████████ ██████████ (Assistance Payments Supervisor) represented the Department of Health and Human Services (Department). Witnesses on behalf of the Department included ██████████ (Eligibility Specialist).

**ISSUE**

Did the Department of Health and Human Services (Department) properly closes the Claimant's Medical Assistance (MA)?

**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 Claimant was an ongoing Medical Assistance (MA) and Medicare Savings Program (MSP) recipient.
2. On August 25, 2015, the Department received a State Emergency Relief (SER) application containing the Claimant's signature and a household address of ██████████.
3. On September 15, 2015, the Department sent the Claimant a Redetermination (DHS-1010) address to ██████████ with a due date of October 1, 2015.
4. On October 19, 2015, the Department sent the Claimant a Health Care Coverage Determination Notice addressed to ██████████, informing her that her

Medical Assistance (MA) and Medicare Savings Program benefits would close effective November 1, 2015.

5. On October 23, 2015, the Department received the Claimant's request for a hearing protesting the closure of her Medical Assistance (MA) benefits.

### **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 and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (July 1, 2015), p 8.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (July 1, 2015), pp 1-9.

The Claimant was an ongoing MA and MSP recipient when the Department received a State Emergency Relief (SER) application. This SER application contains what appears to be the Claimant's signature and lists a household address of [REDACTED], which was a change from the Claimant's previously reported address of [REDACTED].

The Claimant disputes that she completed this application or that it is her signature on the application.

On September 15, 2015, the Department sent the Claimant a Redetermination (DHS-1010) with a due date of October 1, 2015. When the Department did not receive the Claimant's completed Redetermination form, it notified her on October 19, 2015, that her MA and MSP benefits would close effective November 1, 2015.

The Claimant testified that she did not receive the Redetermination form.

While a presumption arises that a letter with a proper address and postage will, when placed in the mail be delivered by the postal service, this presumption can be rebutted with evidence that the letter was not received. If such evidence is presented, as it was here, then a question of fact arises regarding whether the letter was received. [Citations omitted.] *Goodyear Tire & Rubber Co v Roseville*, 468 Mich 947; 664 NW2d 751 (2003).

This Administrative Law Judge finds that there was no reason to suspect that the Claimant did not submit a SER application on August 25, 2015, and report a new household address. Therefore, it was appropriate for the Department to change the Claimant's mailing address of record to the address reported on August 25, 2015.

The Department established that it sent a Redetermination (DHS-1010) to the Claimant's correct address of record on September 15, 2015, and the Claimant failed to rebut the presumption of its receipt. The Claimant received the closure notice addressed to [REDACTED], which she returned with her request for a hearing. The Claimant had no explanation for why she did not receive the Redetermination form other than it was sent to the mailing address that she reported to the Department on August 25, 2015.

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 closed the Claimant's Medical Assistance (MA) and Medicare Savings Program (MSP) benefits.

### **DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.



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Kevin Scully  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Mailed: **2/10/2016**

KS/db

**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]