



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

MIKE ZIMMER  
DIRECTOR

[REDACTED]

Date Mailed: March 24, 2016  
MAHS Docket No.: 16-001422  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

### **HEARING DECISION**

Following Petitioner'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 March 23, 2016, from Detroit, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED], Assistance Payments Supervisor; and [REDACTED], Eligibility Specialist.

### **ISSUE**

Did the Department properly close/deny the Petitioner's Medical Assistance (MA) Case?

### **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 Petitioner was approved for ongoing MA. At a point, Petitioner became disabled; and the Department sought verification of proof of medical condition as well as loss of employment.
2. The Petitioner provided a letter of termination from her Employer with her August 2015 MA application. Petitioner Exhibit B and Department Exhibit 1.
3. The Petitioner provided a completed Medical Needs Form to the Department on November 9, 2015, by mail. The Medical Needs Form DHS-54A was returned by the due date for Verification Checklist (VCL). The envelope that the form was returned in was a pre-addressed envelope addressed to the Department.

4. The Department issued a Health Care Coverage Determination Notice to Petitioner dated January 14, 2016, closing the Petitioner's MA for failure to complete VCL.
5. The Petitioner requested a timely hearing on February 5, 2016, protesting the Department's actions.

### **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 Petitioner's MA for failure to verify medical information, a DHS-54 Medical Needs Form, as well as proof of loss of employment. Exhibit 3. At the hearing, the Petitioner credibly testified that she provided her employment termination letter with her original application filed with the Department in August 2015. Petitioner Exhibit B. She had the letter with her at the hearing and presented it at that time. The Department did not provide any information which would dispute the submittal of this letter by the Petitioner; therefore, it is deemed un rebutted; and the letter of termination of employment is determined to have been received by the Department. Petitioner Exhibit B. Likewise, the Petitioner credibly testified that she returned the Medical Needs Form completed by her doctor on the VCL due date November 9, 2015 and returned it by mail to the Department in the Department self-addressed envelope. The Medical Needs Form provided by the Petitioner at the hearing was dated November 9, 2015, signed by her doctor on that date. Petitioner Exhibit A.

The proper mailing and addressing of a letter creates a presumption of receipt. That presumption 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 Petitioner's testimony, which is deemed credible, presented at the hearing, it is determined that the Department did not rebut the presumption that the letter was properly mailed and, therefore, is deemed received. Given this determination, the Department improperly closed/denied the Petitioner's MA case for failure to verify information.

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/denied the Petitioner's Medical Assistance Case for failure to verify loss of employment and submit a DHS-54 Medical Needs Form.

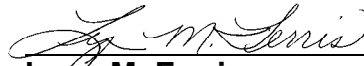
**DECISION AND ORDER**

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/reregister the Petitioner's MA case and process the case accordingly and determine eligibility.
2. The Department shall advise the Petitioner of its eligibility determination in writing.

LMF/jaf



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

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

**DHHS**

[REDACTED]

**Petitioner**

[REDACTED]

**cc:**

[REDACTED]