

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

IN THE MATTER OF:

██████████	MAHS Reg. No.:	15-020484
██████████	Issue No.:	2002
██████████	██████████	██████████
	Hearing Date:	February 03, 2016
	██████████	██████████

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 February 3, 2016, from Lansing, Michigan. The Petitioner was present and testified on his own behalf with his neighbor, ██████████, as a witness. The Department was represented by ██████████, Eligibility Specialist and ██████████, Assisted Payments Supervisor.

ISSUE

Did the Department properly close the Claimant's cases for Medical Assistance (MA) and MA Cost Sharing Program (CSP) because he failed to submit a Redetermination Application?

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 a recipient of MA and CSP.
2. On August 17, 2015, the Claimant was sent a Redetermination Application, DHS 1010, which was due September 1, 2015 that was mailed to ██████████. Department Exhibit 1-6.
3. On September 18, 2015, the Department sent the Claimant a case closure notice for MA because he failed to turn in the redetermination form by the due date so the Department could not determine his continued eligibility for assistance to ██████████. Department Exhibit 8-9.

4. On October 19, 2015, the Department sent the Claimant a case closure notice for CSP because he failed to turn in the redetermination form by the due date so the Department could not determine his continued eligibility for assistance to [REDACTED]. Department Exhibit 10-12.
5. On October 28, 2015, the Department received a hearing request from the Claimant, contesting the Department's negative action.

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 Claimant was a recipient of MA and CSP. On August 17, 2015, the Claimant was sent a Redetermination Application, DHS 1010, which was due September 1, 2015 that was mailed to [REDACTED]. Department Exhibit 1-6. On September 18, 2015, the Department sent the Claimant a case closure notice for MA because he failed to turn in the redetermination form by the due date so the Department could not determine his continued eligibility for assistance to [REDACTED]. Department Exhibit 8-9. On October 19, 2015, the Department sent the Claimant a case closure notice for CSP because he failed to turn in the redetermination form by the due date so the Department could not determine his continued eligibility for assistance to [REDACTED]. Department Exhibit 10-12. On October 28, 2015, the Department received a hearing request from the Claimant, contesting the Department's negative action. BAM 105, 130, and 210.

During the hearing, the Claimant stated that his landlord had failed to put in a mailbox so that the Claimant's mail could be delivered. His mail from the Department was not returned to the Department as undeliverable. The Claimant stated he did not receive the mail from the Department. However, the Claimant has the responsibility to make sure he has a mailbox to receive the Department's mail or to make other arrangements. The Department sent the Claimant's mail to the address that he provided. 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 when it mailed the Claimant's correspondence to the address that he provided.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.

Carmen G. Fahie

Carmen G. Fahie
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Mailed: **2/18/2016**

CG / 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]