



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR



Date Mailed: July 26, 2016
MAHS Docket No.: 16-008405
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Gary Heisler

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 July 20, 2016, from Lansing, Michigan. Petitioner appeared and testified. Assistance Payments Worker [REDACTED] [REDACTED] appeared for the Department and testified. Department's Exhibit A, pages 1 - 34 was admitted into evidence.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility on May 25, 2016?

FINDINGS OF FACT

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

1. Petitioner was an ongoing recipient of Food Assistance Program (FAP) and Medical Assistance (MA) benefits.
2. On March 14, 2016, Petitioner was sent a Redetermination (DHS-1010) for her Medical Assistance (MA). The form was due back on April 1, 2016. This provided Petitioner with notice that she was required to submit a Redetermination (DHS-1010) application.
3. On April 1, 2016, Petitioner was sent a Health Care Coverage Determination Notice (DHS-1606) which stated she and her son were approved for Transitional Medicaid, full coverage from May 1, 2016 ongoing. This notice superseded the

March 14, 2016, Redetermination (DHS-1010) and notice that Petitioner was required to submit a Redetermination (DHS-1010) application.

4. On May 25, 2016, Petitioner was sent a Health Care Coverage Determination Notice (DHS-1606) which stated that she and her son were not eligible for Medical Assistance (MA) from July 1, 2016 ongoing.
5. On May 25, 2016, Petitioner was sent a Notice of Case Action (DHS-1605) which stated her Food Assistance Program (FAP) benefits would decrease to \$ [REDACTED] per month beginning June 1, 2016.
6. On June 1, 2016, Petitioner was sent a Notice of Case Action (DHS-1605) which stated her Food Assistance Program (FAP) benefits would increase to \$ [REDACTED] per month beginning July 1, 2016.
7. On July 13, 2016, Petitioner submitted three hearing requests regarding her Food Assistance Program (FAP) and 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 Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

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.

During this hearing Petitioner stated that she did not return the Redetermination (DHS-1010) because when she got the April 1, 2016 notice that said they were covered under Transitional Medicaid, full coverage from May 1, 2016 ongoing, she thought everything was taken care of. The Department representative was not sure why the April 1, 2016 notice was issued by BRIDGES. She did testify that in order to reinstate Medical

Assistance (MA) for Petitioner a Redetermination (DHS-1010) application or a regular application was needed.

Bridges Administration Manual (BAM) 600 Hearings states:

The client must receive a written notice of all case actions affecting eligibility or amount of benefits. When a case action is completed it must specify:

The action being taken by the department.

The reason(s) for the action.

The **specific manual item(s)** that cites the legal base for an action, or the regulation, or law itself; see Bridges Administrative Manual (BAM) 220.

In this case Petitioner was sent a Health Care Coverage Determination Notice (DHS-1606) on April 1, 2016 which stated she and her son were approved for Transitional Medicaid, full coverage from May 1, 2016 ongoing. This notice superseded the March 14, 2016, Redetermination (DHS-1010) and notice that Petitioner was required to submit a Redetermination (DHS-1010) application. Clients rely on notices sent out by the Department. Clients are not required, or expected, to know that BRIDGES programming deficiencies make them unable to rely on notices sent out by the Department. Closure of Petitioner's Medical Assistance (MA) for failure to return a Redetermination (DHS-1010) is not a valid action when she was provided a notice from the Department that superseded the requirement to submit a Redetermination (DHS-1010).

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 failed to satisfy its burden of showing that Petitioner was the cause of her Medical Assistance (MA) being closed beginning July 1, 2016.

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 sent Petitioner a Notice of Case Action (DHS-1605) on May 25, 2016 stating her Food Assistance Program (FAP) benefits were being reduced. Subsequent to Petitioner's hearing request the Department changed its action. Petitioner was sent a superseding Notice of Case Action (DHS-1605) on June 1, 2016 which stated her Food Assistance Program (FAP) were increased to \$ [REDACTED] per month. Petitioner submitted a hearing request on June 13, 2016. During this hearing Petitioner testified that the problems with her Food Assistance Program (FAP) have been resolved to her satisfaction and there is no need to conduct a hearing about the Food Assistance Program (FAP). Therefore, Petitioner's June 13, 2016 hearing request about Food Assistance Program (FAP) benefits is **DISMISSED**.

DECISION AND ORDER

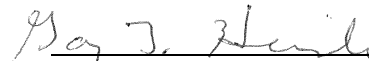
The Department's decision regarding Food Assistance Program (FAP) benefits is **DISMISSED**.

The Department's decision regarding Medical Assistance (MA) 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. Obtain a Redetermination (DHS-1010) application or regular application from Petitioner and process it in accordance with Department policy to determine her ongoing Medical Assistance (MA) eligibility from July 1, 2016 ongoing.

GH/nr



Gary Heisler
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]