



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: March 3, 2017  
MAHS Docket No.: 17-001207  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton**

### 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 [REDACTED], from [REDACTED] Michigan. The Petitioner was represented by [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Facilitator.

### ISSUE

Did the Department properly close Petitioner's Medical Assistance (MA) benefits effective [REDACTED] for failure to return the Redetermination?

### 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 a recipient of MA benefits.
2. On [REDACTED], the Department sent Petitioner a Redetermination which was required to be completed and submitted on or before [REDACTED].
3. Petitioner failed to return the Redetermination by [REDACTED].
4. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice which notified Petitioner that his MA benefits would close effective [REDACTED] for failing to return the Redetermination.

5. On [REDACTED], Petitioner filed a Request for Hearing disputing 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).

Additionally, verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (July 2016), p. 1. In this case, the Department testified that it sent Petitioner a Redetermination on [REDACTED] which was required to be completed and returned on or before [REDACTED].

Petitioner acknowledged that he did not return the Redetermination on or before [REDACTED], but explained that he did not receive the Redetermination. Petitioner testified that he lives in a residence which has other tenants and mailboxes. Petitioner stated that it was possible that his mail was mistakenly placed in one of his neighbor's mailboxes.

Petitioner further acknowledged that he received the Health Care Determination Notice mailed by the Department on [REDACTED]. Petitioner testified that after receiving the Health Care Coverage Determination notice, he contacted his assigned worker on [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. Under Department policy, if a client meets the requirement prior to the effective date, the Department is required to delete the negative action. See BAM 220 (June 2016), pg. 13. Petitioner made two attempts to cure the negative action prior to the effective date and received no assistance from his assigned worker. The Department is required to provide assistance to clients who need or request help to complete forms. BAM 210 (July 2016), p. 1. It is found that the Department failed to provide the proper assistance to Petitioner, thus not affording him the opportunity to cure the negative action prior to the effective date.

### DECISION AND ORDER

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 Petitioner's MA benefits effective [REDACTED].

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. Reinstatement of Petitioner's MA benefits effective [REDACTED];
2. Issue MA supplements Petitioner was entitled to receive but did not effective [REDACTED]; and
3. Notify Petitioner in writing of its decision.

JM/hw



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**Jacquelyn A. McClinton**

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]

[REDACTED]

**Petitioner**

[REDACTED]