



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: September 26, 2017
MAHS Docket No.: 17-009916
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Landis Lain

ORDER OF DISMISSAL

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; 42 CFR 438.400 to 438.424; 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 September 18, 2017, from [REDACTED], Michigan. Petitioner was represented by his mother, [REDACTED]. The Department of Health and Human Services (Department or Respondent) was represented by [REDACTED], Assistance Payments Worker and [REDACTED], Family Independence Manager.

Respondent's Exhibit pages 1-41 were admitted as evidence.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) should be cancelled?

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 Medicaid beneficiary.
2. On [REDACTED], employment information was provided to the Department by the Department of Treasury via New Hire data match.
3. A DHS 4635A mailed to client via Central Print. Response was due [REDACTED], and not received. No other income information received from the client.

4. On [REDACTED], the required verifications were not returned timely. Benefit closure certified with an effective date of [REDACTED].
5. On [REDACTED], the Department notified Petitioner via DHS 1606 Health Care Coverage Determination Notice.
6. On [REDACTED], the Department received a Medical Assistance application for Petitioner.
7. On [REDACTED] BRIDGES was updated and a verification checklist was issued to Petitioner with a due date of July 17, 2017.
8. On [REDACTED], the Department certified that Petitioner had a \$ [REDACTED] per month Medicaid spend down with an effective date of [REDACTED].
9. On [REDACTED], the Michigan Administrative Hearings System received a Request for Hearing to contest the negative action.
10. Petitioner's income ended in August 2017 and he is now eligible for Healthy Michigan as [REDACTED].
11. Petitioner never had to meet the spend-down for the month of July 2017.
12. The negative action has been rescinded for July 2017.
13. Petitioner was active for Healthy Michigan in June 2017.

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).

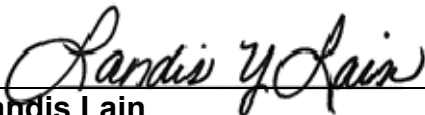
The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation 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.

At the conclusion of the hearing it was determined that the negative action has been deleted and no negative action took place. The matter is resolved.

IT IS THEREFORE ORDERED that:

The above matter is **DISMISSED** for lack of jurisdiction because there is no longer a Department of Health and Human Services denial, reduction, suspension or termination of a requested Medicaid covered service.

LL/hb



Landis Lain
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]

Authorized Hearing Rep.

[REDACTED]