



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: December 14, 2018  
MAHS Docket No.: 18-010835  
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; 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 December 5, 2018, from Detroit, Michigan. Petitioner represented herself. [REDACTED] Petitioner's mother, also appeared at the hearing. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Facilitator.

**ISSUE**

Did the Department properly determine that Petitioner's daughter was ineligible for Medical Assistance (MA) benefits effective October 1, 2018?

**FINDINGS OF FACT**

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

1. On August 4, 2018, the Department sent Petitioner a Redetermination which was required to be completed and returned by September 4, 2018.
2. Petitioner failed to return the Redetermination.
3. On September 17, 2018, the Department sent Petitioner a Health Coverage Determination Notice which notified Petitioner that her daughter was no longer eligible for MA benefits effective October 1, 2018.
4. On October 9, 2018, 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).

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.

Additionally, redetermination, renewal, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs. BAM 210 (January 2018), p. 1. In this case, the Department testified that it closed Petitioner's daughter's MA benefits because Petitioner failed to return the Redetermination. Petitioner testified that she never received their Redetermination. The Redetermination was sent to the address that Petitioner confirmed was her correct mailing address.

Petitioner further confirmed that she received the Health Care Coverage Determination Notice and Notice of Hearing. Petitioner testified that she is not experiencing any issues with the receipt of her mail. Further, Petitioner's mother stated that she believed that she saw something that referenced income. Petitioner initially stated that she responded to her assigned worker by email. When it was pointed out that there was no information which would identify the document presented as an email, Petitioner's mother, indicated that document was faxed. Lastly, Petitioner's mother indicated that she mailed some documents.

Further, as previously stated, Petitioner confirmed receipt of the Health Care Coverage Determination Notice which specifically stated that the reason for the closure of MA benefits was due to the failure to return the Redetermination. However, Petitioner did not contact the Department following receipt of the Health Coverage Determination Notice to state that she did not receive the document.

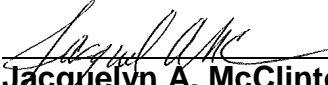
The proper mailing and addressing of a letter creates a presumption of receipt which may be rebutted by evidence. [REDACTED] 19 Mich App 638 (1969); [REDACTED], 67 Mich App 270 (1976). The Department confirmed that it did not receive the Redetermination back as returned mail. Therefore, it is presumed that Petitioner received the Redetermination and failed to timely submit the Redetermination.

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 closed Petitioner's daughter's MA benefits effective October 1, 2018. Petitioner has the option to reapply for benefits and request three months of retroactive coverage. If approved, the coverage will affect any medical bills ordinarily covered by MA since October 1, 2018.

**DECISION AND ORDER**

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

JAM/tlf

  
\_\_\_\_\_  
**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) 763-0155; 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

**Via Email:**

[REDACTED]

**Petitioner – Via First-Class Mail:**

[REDACTED]