



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON BROWN
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: August 15, 2024
MOAHR Docket No.: 24-006791
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

ORDER OF DISMISSAL
FOR LACK OF JURISDICTION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, and 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 August 14, 2024. [REDACTED] [REDACTED] the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Zina Ani, Supervisor, and Helen Hampshire, Eligibility Specialist.

Regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in Mich Admin Code, R 792.10101 to R 792.10137 and R 792.11001 to R 792.11020. Rule 792.11002(1) provides as follows:

An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance is denied or is not acted upon with reasonable promptness, has received notice of a suspension or reduction in benefits, or exclusion from a service program, or has experienced a failure of the agency to take into account the recipient's choice of service.

A client's request for hearing must be in writing and signed by an adult member of the eligible group, adult child, or authorized hearing representative (AHR). Department of Health and Human Services Bridges Administrative Manual (BAM) 600 (February 1, 2024), p. 2. Moreover, BAM 600, p. 6 provides that a request for hearing must be received in the Department local office within 90 days of the date of the written notice of case action.

In the present case, Petitioner filed a signed hearing request on June 6, 2024 regarding Medical Assistance (MA) benefits, specifically coverage of bills. (Exhibit A, pp. 4-6). Petitioner stated that the dates of service for the medical bills he would like covered were

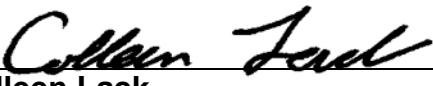
in January and February 2024. (Petitioner Testimony). The Department stated that Petitioner only have limited coverage through the Plan First category for those months. Further, the written notice that Petitioner would only be eligible for the limited coverage through the Plan First category was issued November 1, 2023. (Department Testimony). Petitioner's June 6, 2024 hearing request was not timely filed to contest the November 1, 2023 determination. Petitioner stated he had filed a hearing request in March 2024. However, this would still have been more than 90 days from the November 1, 2023 determination.

On March █ 2024, a Health Care Coverage Determination Notice was issued to Petitioner stating Petitioner would have a monthly deductible of \$█ for March 2024 and a monthly deductible of \$█ effective April 1, 2024. (Exhibit A, p. 60). Petitioner confirmed that he did not contest the March █ 2024 MA eligibility determination. (Petitioner Testimony).

Petitioner's June 6, 2024 hearing request is, therefore, **DISMISSED** for lack of jurisdiction because the hearing request was not timely filed to contest the MA eligibility determination that resulted in the limited coverage through the Plan First category for the months of the dates of service for the medical bills Petitioner would like covered.

IT IS SO ORDERED.

CL/dm



Colleen Lack
Administrative Law Judge

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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

Via-Electronic Mail :

DHHS
Kimberly Kornoelje
Kent County DHHS
**MDHHS-Kent-
Hearings@michigan.gov**

SchaeferM

EQADHearings

BSC3HearingDecisions

MOAHR

Via-First Class Mail :

Petitioner
[REDACTED]
[REDACTED]
[REDACTED]