

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013-64567
Issue No.: 2015
Case No.: [REDACTED]
Hearing Date: October 10, 2013
County: Wayne (82-41)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION

Following Claimant'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. After due notice, a telephone hearing was held on October 10, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant [REDACTED]

[REDACTED] Participants on behalf of the Department of Human Services (Department) included [REDACTED]

ISSUE

Did the Department properly deny Claimant's April 16, 2013, application for Medical Assistance (MA) coverage and retroactive MA coverage to January 2013?

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 April 16, 2013, Claimant filed an MA application with a request for retroactive coverage to January 2013.
2. On June 19, 2013, the Department sent Claimant a Medical Program Eligibility Notice informing him that he was not eligible for MA because he had been found not disabled.
3. On August 13, 2013, Claimant's AHR filed a hearing request disputing the Department's actions.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

In this case, the Department denied Claimant's MA application because its Medical Review Team (MRT) concluded that he was not disabled. However, the AHR argued that the Department erred when it failed to consider Claimant's MA eligibility as the parent caretaker of minor children in his household.

There are two categories of MA coverage: FIP-related MA and SSI-related MA. MA under an SSI-related category is available to persons who are aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. BEM 105 (October 2010), p. 1. MA under an FIP-related category is available to families with dependent children, caretaker relatives of dependent children, persons under age 21, and pregnant (or recently pregnant) women. BEM 105, p. 1. Persons may qualify under more than one MA category, and federal law gives them the right to the most beneficial category. BEM 105, p. 2. The most beneficial category is the one that results in eligibility or the least amount of excess income. BEM 105, p. 2.

In this case, Claimant's application listed Claimant's two minor children as members of his household and identified Claimant as disabled. Based on the information in the application, Claimant was potentially eligible for both SSI-related MA on the basis of his alleged disability and FIP-related MA on the basis of being the parent of, and living with, his minor children. See BEM 135 (January 2011), p. 1; BEM 110 (June 2013), p. 1; BEM 166 (October 2010), p. 1; BEM 163 (October 2010), p. 1.

In this case, the Department testified that it denied Claimant's application because MRT concluded that he was not disabled. However, while a finding that Claimant was not disabled would preclude his eligibility for SSI-related MA, it would not preclude his eligibility for FIP-related MA. At the hearing, the Department acknowledged that it did not process Claimant's eligibility for MA coverage under a FIP-related program. The Department must consider all the MA category options for which the client may be eligible in order for the client's right to choose the most beneficial program to be meaningful. BEM 105, p. 2. Because the Department did not process Claimant's eligibility for MA coverage under an FIP-related program, the Department did not act in accordance with Department policy.

DECISION AND ORDER

Accordingly, the Department's MA 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. Reregister Claimant's April 16, 2013, MA application, with request for retroactive coverage to January 2013;
2. Reprocess the application; and
3. Notify Claimant and the AHR of Claimant's eligibility for FIP-related MA.



Alice C. Elkin

Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: October 16, 2013

Date Mailed: October 16, 2013

NOTICE OF APPEAL: The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

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The written request must be faxed to (517) 335-6088 and be labeled as follows:

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 48909-07322

ACE/pf

cc:

