

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-24399  
Issue No.: 2014  
Case No.: [REDACTED]  
Hearing Date: April 1, 2014  
County: Wayne #35

**ADMINISTRATIVE LAW JUDGE:** Landis Y. Lain

**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 April 1, 2014, from Lansing, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Hearing Facilitator.

**ISSUE**

Did the Department properly determine Claimant's eligibility for Medical Assistance (MA) for Claimant and her children?

**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 January 24, 2014, Claimant filed a hearing based upon the deductible amount being assessed to her and her children as a part of for medical benefits.
2. Upon further review and the admittance of a ticket to Site support it was discovered that her income was being budgeted in error because a previous job income was not ended.
3. The proper adjustment was made to her income. The site support team reviewed the case and determined that when Claimant's [REDACTED] disability ended, the case was transferred to a different medical program.
4. [REDACTED] was then switched to Medical Assistance-Ad Care without a deductible and then to G2U with the deductible.

5. Claimant's [REDACTED] was switched to Other Healthy Kids Medical Assistance.
6. The Department determined that Claimant's income was higher than the maximum amount allowable for the previous medical program she was enrolled in.
7. Claimant's daughter [REDACTED] no longer has a deductible with the Other Healthy Kids coverage.

### **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.

Claimant testified on the record that her [REDACTED] wasn't SSI recipient. His SSI was canceled. Her [REDACTED] was not an SSI recipient. Her [REDACTED] was paying [REDACTED] for [REDACTED]. Claimant did not understand how her [REDACTED] received full medical coverage when she had her own income plus a portion of her mother's income while her [REDACTED] did not receive full medical coverage when he had no income but he did receive a portion of her income.

The Department caseworker testified on the record that the children are in different medical group coverage and that Claimant had excess income

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when the caseworker was unable to explain clearly why the children were in separate Medical Assistance groups.

### **DECISION AND ORDER**

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. Re-evaluate Claimant and her children's eligibility for Medical Assistance benefits.

2. Notify Claimant in writing of her eligibility or lack thereof for Medical Assistance benefits for herself and her children with a clear explanation.



Landis Y. Lain  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 4/15/14

Date Mailed: 4/16/14

**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 Claimant;
- 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.

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

Attention: MAHS Rehearing/Reconsideration Request

2014-24399/LYL

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

LYL/tb

cc:

