

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-6588  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: February 20, 2014  
County: Wayne (82-15)

**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, an in-person hearing was held on February 20, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant; [REDACTED], Claimant's husband; and [REDACTED], Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (Department) included [REDACTED], Assistance Payments Worker, and [REDACTED], Assistance Payments Supervisor.

**ISSUE**

Did the Department properly determine Claimant's husband's Medical Assistance (MA) eligibility?

**FINDINGS OF FACT**

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

1. Claimant had been caring for her minor grandchild, [REDACTED].
2. Claimant's household received MA benefits under the Low-Income Family (LIF) program.
3. On July 17, 2013, Claimant applied for MA for her husband.

4. On August 19, 2013, the Department sent Claimant a Notice of Case Action informing her that [REDACTED] MA coverage under the LIF program was closing because she failed to return a redetermination.
5. On August 29, 2013, the Department sent Claimant a Notice of Case Action notifying her that, effective September 1, 2013, [REDACTED] and Claimant's son would have MA coverage under the LIF program.
6. The August 29, 2013, Notice of Case Action also notified Claimant that her husband was denied MA coverage under the Group 2 Aged, Blind, Disabled (G2S) program because he was "not aged, blind, disabled, under 21, pregnant, or apparent/caretaker relative of a dependent child" and he "failed to return documentation to complete a disability determination."
7. On October 7, 2013, Claimant filed a request for hearing indicating that she had applied for MA for herself and her husband, and [REDACTED] and her son were not members of her household.

#### **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.

Additionally, at the hearing, Claimant clarified that she requested a hearing concerning her husband's MA eligibility only, not her own or her granddaughter's.

The Department's position at the hearing was that Claimant's husband had MA coverage under the LIF program until Claimant failed to return a redetermination, resulting in the closure of his MA case. Claimant disputed the Department's position, stating that her husband had medical coverage under her employer's plan until she became disabled and unable to work. She also pointed out that she had stopped caring for [REDACTED] in April 2013 and had informed the Department that the child was no longer in her home. Her position was that applications had been filed requesting MA for herself and her husband. Her October 7, 2013, hearing request references an application filed in July 2013.

A more thorough review of the evidence after the hearing shows that, although the July 16, 2013, MA redetermination sent to Claimant lists Claimant's husband as a household member, only Kamrya received MA under the LIF program. The August 19, 2013,

Notice of Case Action notified Claimant that [REDACTED] MA case under the LIF program was closing effective September 1, 2013. Then, the August 29, 2013, Notice of Case Action notified Claimant that [REDACTED] and her son were approved for MA under the LIF program effective September 1, 2013. The eligibility summary is consistent with the Notices: it shows a group size of one through August 2013 and then a group size of two for September 1, 2013, through October 31, 2013, when the case closed, establishing that only [REDACTED] received MA coverage through August 2013 and then [REDACTED] and Claimant's son received MA coverage under the LIF program for an additional two months beginning September 1, 2013. It is unclear why [REDACTED] and Claimant's son continued to be on Claimant's case, particularly in light of Claimant's credible testimony that she advised the Department that she was no longer caring for the child. However, it is clear from this evidence that Claimant's husband was **not** an MA recipient under the LIF program.

Claimant alleged that she had submitted an MA application for herself and her husband in July 2013. Although the Department did not to provide documentary evidence of the application, Claimant's worker advised the undersigned that an application was received on July 17, 2013. The August 29, 2013, Notice of Case Action denies Claimant's husband's eligibility under the Aged, Blind, Disabled (G2S) program as of July 1, 2013, a begin date which is consistent with an MA application filed on July 17, 2013, because he did not meet any of the nonfinancial eligibility requirements and because he failed to return documentation to complete a disability determination. At the hearing, the Department did not present any evidence concerning the denial of Claimant's husband's MA application.

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 it denied Claimant's husband's July 17, 2013, MA application.

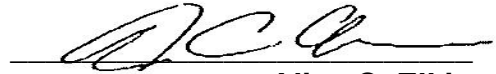
### **DECISION AND ORDER**

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. Reregister and reprocess Claimant's July 17, 2013, MA application to determine Claimant's husband's MA eligibility;
2. Notify Claimant in writing of its decision; and

3. Provide Claimant's husband with MA coverage he is eligible to receive, if any, for July 1, 2013 ongoing.



**Alice C. Elkin**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: March 4, 2014

Date Mailed: March 5, 2014

**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.

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:

