

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-25775  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: May 7, 2014  
County: Wayne (43)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**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 May 7, 2014, from Highland Park, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Specialist.

**ISSUE**

The issue is whether DHS properly terminated Claimant's daughter'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's daughter was an ongoing MA benefit recipient.
2. On 1 [REDACTED], DHS terminated Claimant's daughter's MA benefit eligibility, effective [REDACTED].
3. On [REDACTED], Claimant requested a hearing to dispute her daughter's MA benefit termination.
4. On an unspecified date, DHS issued MA benefits to Claimant's daughter beginning [REDACTED].

### CONCLUSIONS OF LAW

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

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 (10/2010), p. 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories.

Claimant testified that DHS terminated her daughter's Medicaid eligibility, effective [REDACTED]. It was not disputed that Claimant's daughter began receiving Medicaid beginning [REDACTED]. Thus, it must first be addressed whether Claimant's daughter received Medicaid for the months of [REDACTED].

Following the hearing, DHS presented Medicaid Eligibility documents (Exhibits 1-2). The eligibility documents verified that Claimant's daughter received Medicaid in [REDACTED] and [REDACTED]. Medicaid for both months was issued through the Group 2- Under 21 (G2U) MA category. The Medicaid Eligibility form also verified that Claimant's daughter received Medicaid in [REDACTED] and [REDACTED] as a Healthy Michigan Plan recipient. The documents verified that Claimant should have no complaint concerning her daughter's MA coverage for any month other than [REDACTED].

The testifying DHS specialist was uncertain why Claimant's daughter's MA coverage was terminated beginning [REDACTED]. The specialist suspected that Claimant's daughter's MA eligibility was terminated because she was no longer eligible for Medicaid through Other Healthy Kids (OHK). Claimant's specialist contended that Claimant's daughter should have reapplied for Medicaid so that DHS could have evaluated her eligibility through a different Medicaid category- specifically for G2U eligibility. DHS policy directs specialists to perform an ex-parte review before such closures.

An ex parte review is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. BEM 132 (7/2013), p. 1. When possible, an ex parte review should begin at least 90 days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories. *Id.*


There was no evidence that DHS performed an ex-parte review before terminating Claimant's daughter's MA eligibility. The failure to perform an ex-parte review is sufficient to justify a reversal of the benefit termination for [REDACTED].

As it happened, DHS presented documentation verifying that Claimant's daughter was an ongoing Medicaid recipient through G2U. It was not disputed that Claimant's daughter was under 21 years of age during the month of [REDACTED]. There was no evidence that she failed to meet any other G2U requirement. Thus, there was no apparent basis for DHS to justify Claimant's daughter's MA eligibility beginning [REDACTED].

Based on the presented evidence, it is found that DHS improperly terminated Claimant's daughter's MA eligibility. As there is no evidence that Claimant's daughter was ineligible for Medicaid for [REDACTED], the proper remedy is reinstatement of eligibility for [REDACTED].

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS improperly denied Claimant's daughter's MA eligibility for [REDACTED]. It is ordered that DHS reinstate Medicaid for Claimant's daughter for [REDACTED]. The actions taken by DHS are **REVERSED**.

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

Date Signed: 5/16/2014

Date Mailed: 5/16/2014

**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

CG/hw

cc:

