

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-004078
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: August 30, 2014
County: Eaton

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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 August 20, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

ISSUE

Did the Department properly deny the Claimant's application for Medical Assistance (MA)?

FINDINGS OF FACT

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

1. The Claimant applied for Medical Assistance (MA) on February 23, 2014, April 2, 2014, and May 14, 2014.
2. The Department denied the Claimant's February 23, 2014, application because she did not meet the criteria for any category of Medical Assistance (MA).
3. On April 3, 2014, the Department denied the Claimant's April 2, 2014, application due to excess income.
4. On May 21, 2014, the Department denied the Claimant's May 14, 2014, application.
5. On May 28, 2014, the Department received the Claimant's request for a hearing, protesting the denial of her applications for Medical Assistance (MA), which included requests for retroactive assistance.
6. On June 2, 2014, the Department re-examined the Claimant's circumstances and approved her for Medical Assistance (MA) effective May 1, 2014.

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 Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The Claimant applied for Medical Assistance (MA) on February 23, 2014, and the Department denied this application. The Claimant did not claim to be disabled, pregnant, or the caretaker of a minor child, and she did not qualify for any category of Medical Assistance (MA).

The Claimant applied for Medical Assistance (MA) on April 2, 2014. The Department considered the Claimant for Medical Assistance (MA) under the Affordable Care Act, but denied her application for assistance based on her income. The Claimant notified the Department on her application for assistance that she is disabled but the Department did not make a determination of disability.

The Claimant applied for Medical Assistance (MA) on May 14, 2012. The Department initially denied this application, but on June 2, 2014, approved her for Medical Assistance (MA) under the Healthy Michigan Plan effective May 1, 2014.

The Department's representative conceded that the Claimant's income was not properly determined for April of 2014, or that the Department made a determination of whether the Claimant is disabled.

This Administrative Law Judge finds that the Department was acting in accordance with policy when it denied the February 23, 2014, application for assistance.

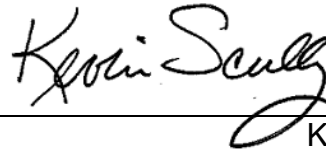
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it processed the Claimant's April 2, 2014, application for Medical Assistance (MA).

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. Reprocess the April 2, 2014, application for Medical Assistance (MA) and initiate a determination of the Claimant's eligibility for Medical Assistance (MA).
2. Provide the Claimant with a Notice of Case Action (DHS-1605) describing the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she may be eligible to receive, if any.



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

Date Signed: **8/21/2014**

Date Mailed: **8/21/2014**

KS/las

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

cc:

