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

IN THE MATTER OF:



Reg. No.: 14-007963

Issue No.: <u>2001</u>

Case No.:

Hearing Date:

September 25, 2014

County: IONIA

ADMINISTRATIVE LAW JUDGE: Carmen Fahie

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 Thursday, September 25, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant, the Claimant's husband,

Participants on behalf of the Department of Human Services (Department) included

<u>ISSUE</u>

Did the Department properly deny 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:

- Claimant applied for MA benefits.
- 2. On April 11, 2014, the Department denied Claimant's application due to the Claimant's son did not have any unpaid bills for the retroactive month.
- 3. On April 11, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
- 4. On July 22, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting 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), and Department of Human Services Reference Tables Manual (RFT).

☑ 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, th									e MA	on
	with the a	ssistance	of	with	reti	roactive	MA	to		
Department Exh	nibit 31-32 and	33- <u>44.</u>	The L	epartm	ent	determi	ned t	that the	Claima	ant's
household incon	ne was to high	n for		for	the	child to	recei	ive MA-	OHK, b	out a
referral was made	de to MIChild	. The De	partm	ent det	ermi	ned tha	at the	Claima	ant was	not
eligible for retro										
high for MA-OH										
also ineligible.	On	, the	Dep	a rtme nt	Ca	seworke	er_se	nt the	Claima	nt a
notice that MA										
caretaker relativ	e of a child w	ho receive	ed M	Dep	artm	ent Ext	nibit 2	23-24.	In <u>addi</u>	tion,
the Claimant wa	as approved f	or MA Ca	retak							
				. The	Cla	<u>imant</u> w	as n	ot eligib	le for J	lune
2014 because h							On		,	the
Department Cas									or	
	edical deduct	•			•	_	ls fro	om		
Department Exh	ibit 2-3. BAM	110, 115,	and	135. M	SA 1	3-35.				

BEM 115, APPLICATION PROCESSING, page 13 Standard Retro MA Eligibility Requirements MA Only

Determine eligibility for each retro MA month separately. To be eligible for a retro MA month, the person must:

- Meet all financial and nonfinancial eligibility factors in that month, and
- Have an unpaid medical expense incurred during the month, or

Note: Do not consider bills that the person thinks may be paid by insurance as paid bills. It is easier to determine eligibility sooner rather than later.

Have been entitled to Medicare Part A.

Reminder: There is no asset test for MAGI-related Medicaid categories.

Financial eligibility policies might affect a pregnant woman's eligibility for retro months.

This Administrative Law finds that if there is an eligible child in the home then the Claimant is eligible for Group 2 MA Caretaker Relative benefits for retroactive MA. The policy does not state in BAM 115, page 13, that the child has to have an unpaid bill. It just states that the person has to have an unpaid medical expense. In this case, the "person" referred to in policy is the Claimant who is eligible for Group 2 MA Caretaker Relative benefits for retroactive MA because there is an eligible child in the household. There was no budget in the hearing packet for forward, so this Administrative Law Judge could not ascertain how the Department determined that the Claimant was excess income for MA and what the medical deductible was for forward and retroactive MA for Department did fax income verification, but no budgets. Department Exhibit a 1-16. In addition, this Administrative Law Judge does not understand how the Claimant could be , but not eligible for eligible with a deductible for deductible also and the Department could not explain. Therefore, this Administrative Law Judge finds that the Claimant is categorically eligible for MA for because she has an eligible child in the home, which makes her eligible for Group 2 Caretaker Relative MA for retroactive MA with a deductible for The Administrative Law Judge, based upon 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 denied the Claimant retroactive MA because the Claimant's child did not have an unpaid bill for should have sufficent that the Claimant had an unpaid bill.

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. Initiate a redetermination of the Claimant's eligibility for MA based on the financial eligibility because the the Claimant is eligible for Group 2 MA Caretaker Relative because there is an eligible child in the home for
- 2. Provide the Claimant and their authorized representative with written notification of the Department's revised eligibility determination.

3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.

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

Carmon II. Salvie

Date Signed: 10/22/2014

Date Mailed: 10/22/2014

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

CGF / tb

