

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

IN THE MATTER OF:

████████████████████
████████████████████
████████████████████

Reg. No.: 14-006044
Issue No.: 2001
Case No.: ██████████
Hearing Date: November 03, 2014
County: DHS SSPC-EAST

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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 three way telephone hearing was held on November 3, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Hearing Facilitator.

ISSUE

Did the Department properly deny Claimant's application for Medical Assistance (MA)/Healthy Michigan Plan (HMP) benefits?

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 May 27, 2014, Claimant applied for MA/HMP benefits.
2. Claimant's daughter resided with Claimant at the time of application.
3. The Department issued a Health Care Coverage of Determination Notice on June 11, 2014, denying Claimant's application, because Claimant was not a parent/caretaker and because her income exceeded the allowable limit.

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.

In the present case, Claimant applied for MA/HMP benefits on May 27, 2014. Claimant's application indicated that Claimant's daughter resided with Claimant. The Department testified that Claimant did not click a drop down menu on the online application stating that she wished to apply for Medicaid for her daughter. Claimant testified that it was her intent to apply for Medicaid for her daughter which is why she listed her daughter on the application. On June 11, 2014, the Department sent Claimant a Health Care Coverage Determination Notice which notified Claimant that her application had been denied for MA benefits because she was not a parent/caretaker relative of a dependent child. The Department acknowledged that Claimant was a parent/caretaker of a minor child. As such, this denial reason was incorrect.

The Health Care Coverage Determination Notice also notified Claimant that her application for benefits under the Healthy Michigan Plan had been denied because she was over the income limit. See Michigan Department of Community Health Modified Adjusted Gross Income (MAGI) Related Manual (May 2014):

1.2 MAGI RELATED GROUPS

The MAGI related groups are: Children (U19). The income limit for children birth to age 1 is 195% FPL. The income limit for a child age 1-19 is 160% FPL.

Pregnant Women (PW). The income limit for pregnant women of any age is 195% FPL.

Parents and caretakers (PCR). The income limit for parents and caretakers is 54% FPL.

Healthy Michigan Plan (HMP). The income limit for adults age 19-64 is 133% FPL.

The Department testified that Claimant's annual income which included: earned income, child support and alimony, was \$26,592.00, which is over the allowable income for the Healthy Michigan program. However, Department policy holds that clients have the

right to the most beneficial category. BEM 105 (January 2014). It does not appear that the Department considered Claimant for other MA categories which she may have been eligible as a result of being a parent/caretaker of a minor child.

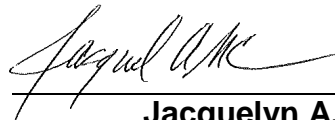
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it failed to consider Claimant for the most beneficial MA category.

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 MA application of May 27, 2014, allowing for the most beneficial coverage for MA benefits; and
2. Notify Claimant in writing of the Department's decision regarding MA eligibility.



Jacquelyn A. McClinton
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **11/14/2014**

Date Mailed: **11/14/2014**

JAM / cl

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 48909-8139

CC:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]