

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

IN THE MATTER OF:



Reg. No.: 14-010944
Issue No.: 2001, 2001
Case No.: [REDACTED]
Hearing Date: October 07, 2014
County: OAKLAND-DISTRICT 4

ADMINISTRATIVE LAW JUDGE: Gary Heisler

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 October 7, 2014, from Lansing, Michigan. Participants on behalf of Claimant included himself. Participants on behalf of the Department of Human Services (Department) included AP [REDACTED]. This hearing packet contains two separate hearing requests, for two separate Departmental Health Care Coverage Determination Notices (DHS-1606).

ISSUE

Did the Department properly determine Claimant's Medical Assistance eligibility for June 2013, on July 29, 2014?

Did the Department properly determine Claimant's Medical Assistance eligibility from September 1, 2014 – ongoing, on August 18, 2014?

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 October 14, 2013, Claimant was sent a Notice of Case Action (DHS-1605) which stated he was approved for full Medical Assistance coverage for the period June 1 – 30, 2013.
2. On July 29, 2014, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606) which stated he had Medical Assistance coverage for June 1 - 11, 2013 with a \$1,463 deductible.
3. On August 18, 2014, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606) which stated he was not eligible for Medical Assistance from September 1, 2014 – ongoing.

4. On August 22, 2014, Claimant submitted a hearing request about the July 29, 2014, Health Care Coverage Determination Notice (DHS-1606).
5. On August 22, 2014, Claimant submitted a hearing request about the August 18, 2014, Health Care Coverage Determination Notice (DHS-1606).

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.

July 29, 2014, Health Care Coverage Determination Notice (DHS-1606)

There is no evidence in the record, nor was any submitted during this hearing, which supports the July 29, 2014 Medical Assistance eligibility determination for the period of June 2013. 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 determined Claimant's Medical Assistance eligibility for June 2013, on July 29, 2014.

August 18, 2014, Health Care Coverage Determination Notice (DHS-1606)

The Hearing Summary (DHS-3050) submitted by ES Garcia, states "The client has requested a hearing as a result of a proposed negative action. Client had a medical review in the month of August and submitted his information on 08/04/2014. The packet had not been logged in. The negative action has been rescinded."

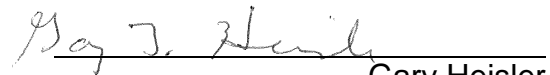
During this hearing Claimant testified credibly that he submitted the Medical Assistance re-determination paperwork on time. No evidence was presented to show that the Department's denial of Claimant's Medical Assistance re-determination has in fact been corrected. The Administrative Law Judge, based 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 determined Claimant's Medical Assistance eligibility from September 1, 2014 – ongoing, on August 18, 2014.

DECISION AND ORDER

Accordingly, the Department's decision is **REVERSED** with respect to both the July 29, 2014 Health Care Coverage Determination Notice (DHS-1606) and the August 18, 2014 Health Care Coverage Determination Notice (DHS-1606).

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. Re-determine Claimant's Medical Assistance eligibility for June 2013 and issue a current Health Care Coverage Determination Notice (DHS-1606).
2. Reinstate Claimant's Medical Assistance as of September 1, 2014 and re-determine his Medical Assistance eligibility in accordance with Department policy.



Gary Heisler
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **11/3/2014**

Date Mailed: **11/3/2014**

GFH/hj

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:

