

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

**IN THE MATTER OF:**

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

Reg. No.: 14-001399  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: June 17, 2014  
County: JACKSON

**ADMINISTRATIVE LAW JUDGE:** Darryl T. Johnson

**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 June 27, 2014, from Lansing, Michigan. Participants on behalf of Claimant included Claimant, and her mother, ██████████. Participants on behalf of the Department of Human Services (Department) included Family Independence Manager ██████████.

**ISSUE**

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:

1. Claimant applied for MA on February 21, 2014.
2. A Health Care Coverage Supplemental Questionnaire (Exhibit 1 Page 5) was mailed to Claimant on February 22, 2014.
3. Claimant returned the questionnaire to the Department on March 3, 2014. (Exhibit 1 Page 8.)
4. On April 7, 2014, the Department mailed a Health Care Coverage Determination Notice (Exhibit 1 Page 9) denying Claimant's application because the program was closed to new enrollments.
5. On April 17, 2014, Claimant requested a hearing.

6. While Claimant's request for a hearing has been pending, Claimant submitted a new application (Case 118349171) and that application was approved, providing Claimant with coverage in the Healthy Michigan Program beginning April 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 eligibility requirements for AMP are found in BEM 640, which is the Bridges Eligibility Manual policy referenced in the Health Care Coverage Determination Notice. Enrollment in AMP is limited to only that period when the Department of Community Health declares enrollment to be open. The last open enrollment period was in April 2013.

As stated on Page 1 of BEM 640,

“Applications received during the freeze on AMP enrollments must be registered and denied using “applicant did not meet other eligibility requirements” as the denial reason.

“Applicants must be informed that the reason for denial is an enrollment freeze.”

Because Claimant applied for AMP during a freeze, she was properly denied AMP benefits.

It must be noted that Claimant has submitted a new application in Case 118349171, and that application has been approved, although there has been some “glitch” in the system that has caused some confusion. The undersigned lacks jurisdiction to address any issues with that case because no hearing request for that case is presently before me. If, however, Claimant has appropriate MA coverage in that case, it would render this case moot.

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 acted in accordance with Department policy when it denied Claimant's application for MA benefits in this case.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.



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

Date Signed: **6/17/2014**

Date Mailed: **6/18/2014**

DTJ/sw

**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: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]