

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-007963
Issue No.: 2001
Case No.: [REDACTED]
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, [REDACTED], and authorized representative, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED] ES.

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 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, the Claimant applied for Group 2 Caretaker Relative MA on [REDACTED] with the assistance of [REDACTED] with retroactive MA to [REDACTED]. Department Exhibit 31-32 and 33-44. The Department determined that the Claimant's household income was too high for [REDACTED] for the child to receive MA-OHK, but a referral was made to MICHild. The Department determined that the Claimant was not eligible for retroactive MA for [REDACTED] because the household income was too high for MA-OHK, which made the Claimant [REDACTED] ineligible for retroactive MA and her also ineligible. On [REDACTED], the Department Caseworker sent the Claimant a notice that MA was denied for the Claimant for [REDACTED] as she was not a caretaker relative of a child who received MA. Department Exhibit 23-24. In addition, the Claimant was approved for MA Caretaker Relative with a deducticle for [REDACTED]. The Claimant was not eligible for June 2014 because her [REDACTED] turned [REDACTED]. On [REDACTED], the Department Caseworker sent the Claimant a notice that she was approved for [REDACTED] with a medical deducticle, which was met by using bills from [REDACTED]. Department Exhibit 2-3. BAM 110, 115, and 135. MSA 13-35.

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 [REDACTED] 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 [REDACTED] forward and retroactive MA for [REDACTED]. The 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 eligible with a deductible for [REDACTED], but not eligible for [REDACTED] with a deductible also and the Department could not explain. Therefore, this Administrative Law Judge finds that the Claimant is categorically eligible for MA for [REDACTED] 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 [REDACTED].

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 [REDACTED] where it should have sufficient 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 [REDACTED].
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 H. Fahie

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

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

cc:

