

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-008702
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: September 9, 2014
County: Kent #1

ADMINISTRATIVE LAW JUDGE: Susanne E. Harris

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, an in-person hearing was held on September 09, 2014, from Grand Rapids, Michigan. Participants on behalf of Claimant included an [REDACTED] the Claimant's [REDACTED]. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator, [REDACTED]; Eligibility Specialist, [REDACTED] and Family Independence Manager, [REDACTED].

ISSUE

Did the Department properly denied the Claimant's application for Medical Assistance (MA) and opened a case for the Claimant under the Healthy Michigan Plan (HMP)?

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 April 3, 2014, the Claimant applied for MA.
2. On April 28, 2014, the Department sent the Claimant a DHS-1606, Health Care Coverage Determination Notice informing the Claimant that she was eligible for the HMP, but that she was not eligible for the Medicare Savings Program because she is not enrolled in Medicare part A.
3. On July 22, 2014, the Department received the Claimant's written hearing request protesting the Department's denial of her application for MA.

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.

Additionally, in this case, the Department conceded that it was not acting in accordance with its policy when approving the Claimant for HMP, because the Claimant receives Medicare. A person receiving Medicare is not eligible for HMP. BEM 105 p. 1, (2014). The Department workers at the hearing testified that there was a Bridges Help Desk ticket submitted to assist the Department workers with opening a MA case for the Claimant for April 2014, with retroactive months of March, February and January 2014.

The Claimant was therefore no longer protesting the Department's actions during the hearing, as the Department was actively trying to reverse its actions. The Claimant did assert that the Department was not helpful and cognizant of her disability, initially, when she tried to complete an application. The Claimant testified that she was unaware that she was not eligible for HMP until her doctor's office told her she they could not bill that benefit program because she has Medicare.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, finds that the Department did not act in accordance with Department policy when it took action to deny the Claimant's application for MA.

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. Re-determine the Claimant's eligibility for MA and Retro-MA back to the original application date.
2. The help desk ticket issued in this matter is to be expedited.
3. Issue the Claimant any supplements she may thereafter be due.



Susanne E. Harris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **9/11/2014**

Date Mailed: **9/12/2014**

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 Claimant;
- 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

SEH / tb

cc:

