

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

IN THE MATTER OF:



Reg. No.: 14-010215-RECON
Issue No.: 2001
Case No.:
Hearing Date: February 11, 2015
County: GENESEE-DISTRICT 2

ADMINISTRATIVE LAW JUDGE: Gary Heisler

REHEARING 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 de novo rehearing was held on February 11, 2015, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator

ISSUE

Did the Department properly determine that Claimant met her MA-G2S Medical Spend down for January 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 August 8, 2014, Claimant submitted a hearing request.
2. On November 12, 2014, a hearing was conducted regarding Claimant's August 8, 2014, hearing request.
3. On November 13, 2014, a Decision and Order was issued for the November 12, 2014 hearing.
4. On December 1, 2014, Claimant submitted a request for Rehearing or Reconsideration.
5. On December 26, 2014, Supervising Administrative Law Judge Purnell issued an Order granting reconsideration of the November 13, 2014 Decision and Order.
6. On January 9, 2015, Administrative Law Judge Armstrong issued an order affirming the November 13, 2014 Decision and Order, and granting a rehearing on the "sole issue of medical expenses for January 2014."

7. On February 11, 2015, this Rehearing was conducted.
8. On February 11, 2015, the Department submitted evidence which shows that Claimant was eligible for full Medicaid coverage January 1, 2014 - January 31, 2014.

CONCLUSIONS OF LAW

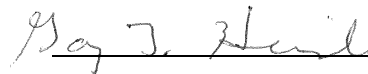
Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

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.

Fortunately, Claimant's concern with Medical Assistance coverage for January 2014 has already been resolved. Therefore, the myriad of deficiencies and inadequate authority which occurred in the process of scheduling this Rehearing do not have to be addressed. For simplicity, the Department's determination that Claimant is eligible for full Medicaid coverage for January 2014 is affirmed.

DECISION AND ORDER

Accordingly, the Department's decision that Claimant is eligible for full Medicaid coverage for January 2014 is **AFFIRMED**.



Gary Heisler
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **3/25/2015**

Date Mailed: **3/25/2015**

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 48909-8139

CC:

