

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

**IN THE MATTER OF:**

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

Reg. No.: 14-015102  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: February 9, 2015  
County: Wayne (18-Taylor)

**ADMINISTRATIVE LAW JUDGE:** Michael J. Bennane

**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 February 9, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant ██████████  
████████████████████ Participants on behalf of the Department of Human Services (Department) included ██████████

**ISSUE**

Did the Department properly process Claimant's Medical Assistance (MA) applications?

**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 June 11, 2014, Claimant applied for MA benefits for herself only.
2. On June 12, 2014, the Department sent Claimant a health care coverage supplemental questionnaire with a due date of June 23, 2014.
3. On July 18, 2014, the Department denied Claimant's June 11, 2014, MA application for failure to provide requested information.
4. On October 9, 2014, Claimant applied again for MA benefits. This application was for her son only.
5. On October 9, 2014, the Department sent Claimant a health care coverage determination notice, informing Claimant that her son had been approved.

6. Claimant indicated that she also wanted MA for herself and the Department added Claimant to the October 9, 2014, MA application.
7. On October 29, 2014, the Department sent Claimant a verification checklist requesting that Claimant provide documentation of her income by November 10, 2014.
8. On November 17, 2014, Claimant requested a hearing to protest the Department's failure to list her child and herself in the same MA group.

### **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.

At the hearing, Claimant's AHR argued that the Department had the information connecting Claimant to her son. The AHR further argued that Claimant's MA application should have been sent to Claimant's worker rather than to central process.

This argument ignores the fact that Claimant was given a number of opportunities to list her son and herself together when applying for MA benefits or when answering the Department's health care coverage supplemental questionnaire. BAM 110 (July 2014).

The facts are that Claimant originally applied for MA benefits and did not list her son as a member of her MA group. To expect the Department to connect Claimant to her son and to correct Claimant's error by including her son in her MA group is beyond the duty of the Department.

Claimant's AHR further argued that the Department should have sent her MA application to Claimant's local office rather than to the Department's central processing office. This argument would suggest that the Department should have changed its normal processing procedure because Claimant failed to list her son as a part of her group.


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 June 11, 2014, MA application.
- did not act in accordance with Department policy when it .
- failed to satisfy its burden of showing that it acted in accordance with Department policy when it .

### **DECISION AND ORDER**

Accordingly, the Department's decision is

- AFFIRMED.**
- REVERSED.**
- AFFIRMED IN PART** with respect to                      and **REVERSED IN PART** with respect to

  
\_\_\_\_\_  
**Michael J. Bennane**  
Administrative Law Judge  
for Nick Lyon, Interim  
Director  
Department of Human Services

Date Signed: **3/4/2015**

Date Mailed: **3/4/2015**

MJB / pf

**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:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]