



reported by the applicant and reviewed by the Department when making eligibility determinations.

2. Thereafter the Claimant applied several times and ultimately the application for Medical Assistance was processed and a Health Determination Notice dated December 11, 2014 was issued indicating that the Claimant was eligible for Medicaid ongoing from December 1, 2014. Exhibit 1.
3. The Claimant requested a timely hearing on October 29, 2014 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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

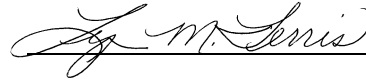
The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation 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 evidence presented demonstrated that after the MA application was processed the Claimant was once again eligible for Medicaid with no lapse in coverage. The Claimant was deemed eligible for full Medicaid effective December 1, 2014. The Notice was confusing as it indicated that the Claimant was ineligible as he was eligible in another program. The Notice did not explain that the "other program was SSI" which the Notice advised would not end until December 1, 2014. Unfortunately, because the reason for closure was not clearly explained, the Claimant's change from SSI eligibility to RSDI eligibility caused confusion for the Claimant's Authorized Hearing Representatives. Notwithstanding the confusion, the Department did maintain continuous coverage for Medicaid without lapse in coverage and properly closed the Medicaid based on SSI ending. This being the case there is nothing further remaining to be determined or decided.

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 they processed the closure of Medicaid and requested that Claimant reapply for Medicaid due to receipt of RSDI.

**DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED**.



**Lynn M. Ferris**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **4/01/2015**

Date Mailed: **4/01/2015**

LMF / cl

**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

