

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014 13287
Issue No.: 2004
Case No.: [REDACTED]
Hearing Date: January 30, 2014
County: Wayne (43)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 January 30, 2014 from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and [REDACTED] the Claimant's Daughter. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Eligibility Specialist.

ISSUE

Did the Department properly deny Claimant's Medical Assistance (MA) coverage under LIF when she was enrolled for MA Plan First?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Department approved Claimant's application for MA but denied her request for her daughter [REDACTED] to be included in the coverage because she was active in Plan First. Claimant's daughter at the time of the hearing was 19 years of age and living with her mother.
2. On October 14, 2013 the Department issued a Notice of Case Action denying the Claimant's application for Medical Assistance for her daughter, [REDACTED]. The Department denied the application for [REDACTED] for the reason she was eligible for this program in another case. Exhibit 1

3. The Claimant again applied for Medical Assistance for her daughter to be added to her MA group and was denied again on 10/29/13 effective 7/1/13 and 10/1/13 for the stated reason "individual is eligible for this program in another case. Exhibit 2
4. On October 31, 2013, Claimant filed a hearing request concerning the Department's failure to activate MA coverage for her daughter, [REDACTED].

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 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, Claimant filed a hearing request to seek the Department to activate MA coverage for her daughter for the LIF program which would provide better coverage for her daughter than the MA Plan First. The Department testified that Claimant was approved for MA but they could not activate coverage for her daughter due to the Plan First case being active. The Department could not explain how the Claimant's daughter, who lived with her, was removed from her Medicaid case in July 2013.

The Department denied Claimant's daughter MA coverage because she had active health insurance coverage under Plan First. Plan First is a health coverage program operated by the Department of Community Health that provides family planning services to women who would not have coverage for these services and do not have other comprehensive health insurance. BEM 124 (July 2013), p. 1. However, if a client is eligible for other MA programs which may provide more comprehensive services and coverage, the client should receive coverage under that program. BEM 124 (July 2013), p. 2; BEM 105 (July 2013), p. 2.

In this case, Claimant was denied MA coverage for her daughter for the requested program because her daughter was covered under Plan First. Because the MA program under which Claimant was eligible may have provided more comprehensive services (Low Income Family (LIF) full Medicaid coverage) than Plan First, the Department did not act in accordance with Department policy when it denied Claimant's application for MA coverage for her daughter for July 2013, August 2013 and October 2013 as she was entitled to the most advantageous coverage.

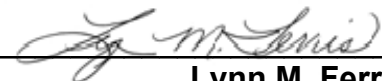
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it denied Claimant's application for MA coverage for July 2013, August 2013 and October 2013 for her daughter, [REDACTED]

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. The Department is ordered to re-register the Claimant's application for Medical Assistance for her daughter, [REDACTED], and process the applications and determine whether Claimant's daughter is eligible for GP 2 MA LIF if it is more advantageous coverage than Plan First.
2. The Department shall, if eligibility is determined for [REDACTED] activate coverage for the retroactive months based upon the application date under the MA program most beneficial to Claimant's daughter in accordance with Department policy.



Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: February 21, 2014

Date Mailed: February 21, 2014

NOTICE OF APPEAL: The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

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

LMF/cl

cc:

