

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

IN THE MATTER OF:

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

Reg. No.: 14-015998
Issue No.: 2001;3000
Case No.: ██████████
Hearing Date: December 11, 2014
County: Wayne-District 76

ADMINISTRATIVE LAW JUDGE: Zainab Baydoun

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 December 11, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, PATH Coordinator and ██████████, Department Manager.

ISSUE

Did the Department properly process Claimant's Food Assistance Program (FAP) and Medical Assistance (MA) benefits?

FINDINGS OF FACT

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

1. Claimant was an ongoing recipient of FAP and MA benefits.
2. On an unverified date, Claimant's FAP case closed.
3. Claimant was previously receiving MA benefits under the Group 2 Caretaker Relatives (G2C) program. (Exhibit 1, p.7)
4. Effective April 1, 2014, Claimant's MA coverage under the G2C was terminated and she was approved for MA under the Healthy Michigan Plan (HMP). (Exhibit 1, pp.7,10-11)
5. On November 6, 2014, Claimant submitted a hearing request disputing 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).

FAP

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001 to .3015.

The hearing was requested to dispute the Department's action taken with respect to the closure of Claimant's FAP case. Shortly after commencement of the hearing, Claimant testified that the Department had corrected the action that she requested a hearing on. Claimant confirmed that there was no issue left to be resolved, as the Department had reinstated her FAP case. The Request for Hearing was withdrawn. The Department agreed to the dismissal of the hearing request. Pursuant to the withdrawal of the hearing request filed in this matter, the Request for Hearing is, hereby, **DISMISSED**.

MA

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.

Claimant submitted a hearing request disputing the Department's actions with respect to her MA benefits. Claimant testified that she was previously approved for full coverage MA benefits, however, she recently was informed by her pharmacy and insurance company that she no longer had full coverage MA benefits and that she was now required to pay out of pocket for certain medications, as she was subject to a deductible. At the hearing, the Department presented an eligibility summary showing that Claimant was receiving MA benefits under the Group 2 Caretaker Relatives MA program and that effective April 1, 2014, her MA eligibility was transferred to the Healthy Michigan Plan. (Exhibit 1, pp.7,10-11).

It was not explained at the hearing why Claimant was no longer eligible for MA under the G2C program. Claimant testified that she is the primary caretaker of her [REDACTED] year old

granddaughter and that none of her circumstances, including income have changed. The Department stated that because Claimant identified herself as an ineligible grantee for her Family Independence Program (FIP) case, she was not considered a caretaker for MA eligibility purposes; however, this does not appear to be supported by Department policy. The Department also stated that Claimant was not subject to a deductible but did not provide any documentation to support its testimony.

BEM 105 provides that persons may qualify under more than one MA category and federal law gives persons the right to the most beneficial category which is considered the category that results in eligibility or the least amount of excess income. BEM 105 (October 2014), p.2. The Department must consider all the MA category options in order for the client's right of choice to be meaningful. BEM 105, p.2.

Claimant raised additional concerns at the hearing regarding a second case number which she asserted the Department opened under her name with respect to her MA case. Claimant believed that the second case number was impacting her MA case; however, the Department presented the eligibility summary associated with the second case number and established that the second case number only concerned Claimant's State Emergency Relief benefits. (Exhibit 2).

Therefore, the Department has failed to satisfy its burden in establishing that it acted in accordance with Department policy when it processed Claimant's MA benefits. As such, the Department is to determine Claimant's eligibility for the most beneficial MA program, effective April 1, 2014. BEM 105, p.2.

DECISION AND ORDER

Accordingly, the hearing request with respect to FAP is DISMISSED and the Department's MA 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. Determine Claimant's MA eligibility under the most beneficial category for April 1, 2014, ongoing;

2. Issue MA coverage to Claimant for any MA benefits that she was entitled to receive but did not from April 1, 2014, ongoing; and
3. Notify Claimant in writing of its decision.



Zainab Baydoun
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **12/17/2014**

Date Mailed: **12/17/2014**

ZB / tlf

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]
[REDACTED]