

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-011558  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: December 04, 2014  
County: JACKSON

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**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 4, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], the Claimant, and [REDACTED], Authorized Hearing Representative (AHR). Participants on behalf of the Department of Human Services (Department) included [REDACTED], Family Independence Manager.

**ISSUE**

Did the Department properly determine Claimant's eligibility for Medical Assistance (MA)?

**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 May 12, 2014, an application for MA was filed on Claimant's behalf by his Authorized Representative (AR), in part, listing a minor child that was also living in the home.
2. On May 12, 2014, a Health Care Supplemental Questionnaire was issued to Claimant's AR with a due date of May 22, 2014.
3. On May 20, 2014, the AR faxed the completed Health Care Supplemental Questionnaire to the Department.

4. On June 5, 2014, a Healthcare Coverage Determination Notice was issued to Claimant indicating a denial because Claimant was not blind, disabled, pregnant/caretaker relative of a dependent child, or met age requirements.
5. On August 29, 2014, a Hearing Request was filed on Claimant's behalf contesting the Department's action stating the AR had been verbally informed the application was denied because of excess income and requesting that the application be processed for Group 2 Caretaker Relative Medicaid.

### **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.

The Department has a responsibility to determine eligibility and benefit amounts for all requested programs. BAM 105, 4-1-2014, p. 15.

Under Group 2 Caretaker Relative Medicaid, MA is available to parents and other caretaker relatives who meet the eligibility factors. BEM 135, 7-1-2013, p. 1.

Upon certification of eligibility results a written notice of case action is generated. A notice of case action must specify the following: the action(s) being taken by the department; the reason(s) for the action; the specific manual item which cites the legal base for an action or the regulation or law itself; an explanation of the right to request a hearing; and the conditions under which benefits are continued if a hearing is requested. BAM 220, 1-1-2014, pp. 1-2.

In this case, on May 12, 2014, an MA application was filed on Claimant's behalf by his Authorized Representative (AR), in part listing a minor child that was living in the home.

The Department's hearing summary indicated the denial was based on a failure to return the Health Care Supplemental Questionnaire. This is not the reason for the denial as listed on the June 5, 2014 denial notice. It is also noted that there was no documentation establishing that a copy of the June 5, 2014, denial notice was sent to the AR for Claimant's application. There is also no evidence of a written case action notice based on a failure to return the Health Care Supplemental Questionnaire.

Further, Claimant's AHR has submitted a fax confirmation verifying that the Health Care Supplemental Questionnaire was returned prior to the due date.

The June 5, 2014, a Healthcare Coverage Determination Notice issued to Claimant indicated MA was denied because Claimant was not blind, disabled, pregnant/caretaker relative of a dependent child, or met age requirements. However, the May 12, 2014, MA application listed a minor child that was living in the home. The Department did not provide sufficient evidence to explain why Group 2 Caretaker Relative Medicaid was denied when the application indicates there was a minor child in the home.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it determined Claimant's eligibility for MA.

### **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. Re-determine Claimant's eligibility for the May 12, 2014, MA application, to include any retroactive months if there has been an application for retroactive MA to the May 12, 2014, MA application.
2. Issue written notice of the determination in accordance with Department policy.



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**Colleen Lack**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **2/12/2015**

Date Mailed: **2/12/2015**

CL/jaf

**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:

