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

### IN THE MATTER OF:



Reg. No.: 15-001114

Issue No.: 2001 Case No.:

Hearing Date: March 12, 2015

County: MACOMB-DISTRICT 36

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

## **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 March 12, 2015, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator

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# <u>ISSUE</u>

Did the Department determine the proper Medical Assistance eligibility for Claimant's benefit group on January 16, 2015?

### 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's Medical Assistance case was updated to include her marriage to the father of her child, the father's income, and a change of income for Claimant.
- 2. On January 16, 2015, the updates were included in Medical Assistance eligibility determination for all three members of the benefit group. Claimant was sent a Health Care Coverage Determination Notice (DHS-1606).
- **3.** On January 16, 2015, Claimant submitted a hearing request.

### 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.

During this hearing the income for both Claimant and her spouse were verified. Following the hearing, the deductible calculations for all three members were checked using Bridges Eligibility Manual (BEM) 536 Determining Budgetable Income – Group 2 Under 21 and Caretaker Relative (2014). Application of the calculations in BEM 536 indicated that the income used for Claimant was approximately \$23 less than indicated in the BRIDGES Employment Budget Summary submitted by the Department. The discrepancy is to Claimant's advantage, so no revision will be ordered.

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 determined the Medical Assistance eligibility for Claimant's benefit group on January 16, 2015.

# **DECISION AND ORDER**

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

Gary Heisler Administrative Law Judge

for Nick Lyon, Interim Director
Department of Human Services

Department of Human Services

May J. N

Date Signed: 3/24/2015

Date Mailed: 3/24/2015

GFH/hj

**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 <u>MAY</u> 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

