

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-003562
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: April 16, 2015
County: Macomb (20)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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 April 16, 2014, from Detroit, Michigan. Participants included Claimant's spouse, [REDACTED]. [REDACTED] testified and appeared as Claimant's authorized hearing representative (AHR) and as a translator for Claimant's spouse. Participants on behalf of the Department of Health and Human Services (DHHS) included [REDACTED], hearing facilitator.

ISSUE

The issue is whether DHHS properly determined Claimant's spouse'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. Claimant's spouse was an ongoing MA benefit recipient.
2. On [REDACTED] DHHS determined Claimant's spouse eligible for Medicaid, subject to a \$141 monthly deductible, effective March 2015, and mailed written notice of the determination to Claimant.
3. DHHS did not determine Claimant's spouse's MA eligibility for Healthy Michigan Plan (HMP).
4. On [REDACTED], Claimant requested a hearing to dispute the MA determination for his spouse.

CONCLUSIONS OF LAW

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. DHHS (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. DHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

The Medicaid program is comprised of several sub-programs or categories. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. BEM 105 (10/2014), p. 1. Medicaid eligibility for children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, Plan First!, and Adult Medical Program is based on Modified Adjusted Gross Income (MAGI) methodology. *Id.*

Claimant requested a hearing to dispute a determination of his spouse's MA eligibility. DHHS approved Claimant's spouse for Medicaid, subject to a \$141/month deductible. DHHS contended that MA group income justified the approval. DHHS presented a Group 2- Caretaker (G2C) budget (Exhibit 1) to support their determination. G2C is the Medicaid category for parents of minor children. Claimant's spouse did not dispute the accuracy of the budget. The disputed issue was whether Claimant's spouse was potentially eligible for MA through a different category, specifically HMP benefits.

Clients may qualify under more than one MA category. BEM 105 (October 2014), p. 2. Federal law gives them the right to the most beneficial category. *Id.* The most beneficial category is the one that results in eligibility or the least amount of excess income. *Id.*

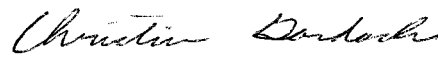
HMP is a new health care program that will be administered by the Michigan Department of Community Health, Medical Services Administration. The program will be implemented as authorized under the Affordable Care Act of 2010 as codified under 1902(a)(10)(A)(i)(VIII) of the Social Security Act and in compliance with the Michigan Public Act 107 of 2013. MAGI Medicaid and Healthy Michigan Plan policy is available at www.michigan.gov/MDCH. BEM 100 (October 2014), p. 2.

During the hearing, DHHS was asked if Claimant's spouse's HMP eligibility was considered. DHHS testimony initially indicated that Claimant's spouse was denied HMP due to excess income. DHHS did not support their testimony with a budget to verify HMP income-ineligibility. Eventually, DHHS conceded that they were unable to verify that Claimant was considered for HMP eligibility.

Insufficient evidence was presented to determine if Claimant spouse is eligible for HMP benefits. Sufficient evidence was presented to find that DHHS failed to evaluate Claimant for HMP eligibility.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHHS improperly failed to consider Claimant's MA eligibility for all potential categories. It is ordered that DHHS determine Claimant's HMP eligibility, effective March 2015. The actions taken by DHHS are **REVERSED**.



Christian Gardocki
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **4/22/2015**

Date Mailed: **4/22/2015**

CG / hw

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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

