

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

**IN THE MATTER OF:**

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

Reg. No.: 14-018607  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: March 09, 2015  
County: Wayne-District 19 (Inkster)

**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 March 9, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and her husband, ██████████, who also served as interpreter. Participants on behalf of the Department of Human Services (Department) included ██████████, Hearings Facilitator.

**ISSUE**

Did the Department properly process Claimant and her children's 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 and her children were ongoing recipients of MA benefits.
2. On September 8, 2014, the Department sent Claimant a Health Care Coverage Determination Notice informing Claimant that she was approved for MA effective July 1, 2014, and that two of her children were approved for MA benefits effective September 1, 2014. (Exhibit A).
3. In September 2014, Claimant gave birth to her third child.
4. Claimant was approved for MA benefits under the pregnant women MA program until two months after the birth of her third child. (Exhibit C).

5. On November 13, 2014, the Department sent Claimant a Health Care Coverage Determination Notice informing her that effective September 1, 2014, her newborn child was eligible for MA and that effective November 1, 2014, she was now only eligible for emergency services MA. (Exhibit B)
6. On December 10, 2014, Claimant submitted a hearing request disputing the Department's actions with respect to MA benefits for herself and her children.

### **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.

Claimant requested a hearing disputing the Department's actions with respect to MA benefits for herself and her children. At the hearing, the Department testified that all three of Claimant's children had active and ongoing MA benefits and that there was no lapse in MA coverage for the children. The Department presented an eligibility summary in support of its testimony and identified each EDG number associated with each child and established that the children had active benefits with no lapse in coverage. (Exhibit C). Claimant did not indicate that there had been any lapse in her children's MA coverage and stated that she did not receive any notices from the Department concerning a closure or termination of her children's MA benefits. As such, the Department acted in accordance with Department policy when it processed MA benefits for all three of Claimant's children.

With respect to Claimant's MA benefits, the Department testified that Claimant was approved for full coverage MA benefits under the pregnant women program until November 1, 2014, which was two months after the birth of her third child. The Department stated that a Health Care Coverage Determination Notice was sent to Claimant informing her that effective November 1, 2014, she was only eligible for emergency services MA benefits. (Exhibit B and Exhibit C). The eligibility summary provided supports the Department's testimony. The Department stated that due to a glitch in the system, Claimant was approved for emergency services MA when she should have been eligible for full coverage MA benefits for November 1, 2014, ongoing.

Additionally, 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 (January 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.

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 processed Claimant's MA benefits.

### **DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED IN PART** with respect to the processing of MA benefits for Claimant's children and **REVERSED IN PART** with respect to the processing of Claimant's MA benefits.

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 eligibility for MA benefits under the most beneficial category from November 1, 2014, ongoing;
2. Provide Claimant with any MA coverage that she was entitled to receive but did not from November 1, 2014, ongoing; and
3. Notify Claimant of its decision in writing.



**Zainab Baydoun**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **4/7/2015**

Date Mailed: **4/7/2015**

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]  
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