

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

IN THE MATTER OF:

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████████████████████

Reg. No.: 15-007583
Issue No.: 2001
Case No.: ██████████
Hearing Date: ██████████
County: Wayne-District 55

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; and Mich Admin Code, R 792.11002. After due notice, a three way telephone hearing was held on June 15, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Assistance Payment Worker Specialist.

ISSUE

Did the Department properly process Claimant'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 five children were ongoing recipients of MA benefits.
2. On March 20, 2015, the Department sent Claimant a Health Care Coverage Determination Notice informing her that for April 1, 2015, ongoing, four of her children were eligible for MA benefits. The Notice does not reference Claimant's or her daughter M.B.'s eligibility/coverage for MA for April 1, 2015, ongoing. (Exhibit A)
3. On April 14, 2015, the Department sent Claimant a Health Care Coverage Determination Notice informing her that for May 1, 2015, ongoing, her five children were eligible for MA benefits. The Notice does not reference Claimant's daughter M.B.'s eligibility/coverage for MA for the month of April 2015. (Exhibit B)

4. The April 14, 2015, Health Care Coverage Determination Notice informs Claimant that for the month of April 2015, she is eligible for MA benefits and that for the period May 1, 2015, ongoing, she is not eligible for MA on the basis that she failed to verify requested information. (Exhibit B)
5. On April 29, 2015, Claimant requested a hearing disputing the Department's actions.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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.

In this case, Claimant requested a hearing disputing the Department's actions with respect to her MA and her daughter M.B.'s MA benefits. The Department stated that due to a Bridges error, Claimant has been receiving notices from the Department informing her that she and her children were not eligible for MA. It was established at the hearing that MA coverage for the period of April 1, 2015, ongoing, was at issue.

At the hearing, the Department stated that despite the Health Care Coverage Determination Notices presented for review, Claimant and all five of her children should have received active and ongoing MA benefits for April 1, 2015, ongoing with no lapse in their coverage. The Department testified that the Notice informing Claimant that she was ineligible for MA for May 1, 2015, ongoing on the basis that she failed to verify requested information was improper and she was eligible for MA for that period. Although the Department stated that the issues with Claimant and her children's MA case were corrected prior to the hearing, the Department failed to provide sufficient documentation to support its testimony. The Department was instructed to fax to this

Administrative Law Judge a MA eligibility report showing active and ongoing MA benefits for Claimant and her children, which was admitted on the record as Exhibit C, however, the Department failed to do so after the hearing. Thus, the Department's testimony that Claimant and her five children were approved for and received MA benefits for April 1, 2015, ongoing, with no lapse in coverage was not confirmed.

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 **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. Reinstate Claimant and her five children's MA benefits for April 1, 2015, ongoing;
2. Provide Claimant and her five children with MA coverage under the most beneficial category from April 1, 2015, ongoing; and
3. Notify Claimant in writing of its decision.



Zainab Baydoun
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **7/15/2015**

Date Mailed: **7/15/2015**

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 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: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
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