

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-007764  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: June 29, 2015  
County: MACOMB-DISTRICT 36

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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 telephone hearing was held on June 20, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. [REDACTED], appeared as a translator for the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Hearing Facilitator. Char Parker from the Office of Child Support (OCS) appeared as a witness.

**ISSUE**

Did the Department properly deny The Claimant's application for Medical Assistance (MA) due to noncooperation with the Office of Child Support?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Claimant applied for Medical Assistance on [REDACTED] for her minor son. Exhibit 1. The Claimant did not apply for medical assistance for herself or her husband.
2. The Department issued a Health Care Coverage Determination Notice advising the Claimant that she was eligible for emergency services MA only. The Notice issued by the Department did not address the eligibility of Claimant's child, who was the only applicant on the application seeking Medical Assistance. Exhibit 2. The Claimant was advised to contact the office of child support.

3. A Verification Checklist was issued on [REDACTED] with a due date of [REDACTED], 2014. The Verification Checklist is very unclear and just advises Claimant to contact the OCS with a phone number to call comply with the OCS with no other clarification or explanation.
4. The Claimant's child was born [REDACTED] and the birth certification noted no father's name. The Claimant named her son after her mother's maiden name.
5. The Claimant requested a hearing on [REDACTED].

### **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.

In this case, the Claimant applied for Medical Assistance for her son only. The Department did not provide evidence as to the status of the son's application but instead provided a Health Care Coverage Determination Notice advising the Claimant that she was eligible for Emergency MA only. Exhibit 2. Unfortunately this error was not pointed out by the department and was discovered by the undersigned after the hearing was concluded. There was no evidence presented by the Department to establish that the Department properly processed the application and there is no denial of the application as regards the only applicant, the Claimant's son. Based upon the evidence presented by the Department it does not appear that the Department ever denied the application properly as the only applicant was the son, not the Claimant or her husband. Although a hearing was conducted to determine if the Claimant had cooperated with the Office of Child Support the issue was not ripe for review as the child's application was never denied by the Department as required by Department policy. BAM 115 (July 1, 2015) p.1. Therefore it is determined that the Department failed to properly process the Claimant's application for Medical Assistance for her son only. Because the Department did not make a showing that it processed the application properly the issue regarding noncompliance is not required to be addressed at this time.

In processing the application the department must determine whether under the MAGI policy found in MAGI Eligibility Manual(May 28, 2014) Section 8.5 Disqualification and BEM 255 (July 2015) p. 13, the Claimant's child can be denied medical assistance due to his mother's noncooperation.

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 failed to properly process the Claimant's application for Medical Assistance for her son only. Because the Department did not make a showing that it processed the application properly the issue regarding noncompliance is not required to be addressed at this time.

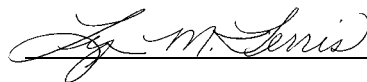
### **DECISION AND ORDER**

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. The Department must re register and re process the Claimant's son's [REDACTED] application for Medical Assistance and determine his eligibility in accordance with Department policy.
2. The Department shall advise the Claimant in writing of its eligibility determination.



**Lynn M. Ferris**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **7/29/2015**

Date Mailed: **7/29/2015**

LMF /

**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:

