

**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.: 15-009279
Issue No.: 2001
Case No.: ██████████
Hearing Date: July 16, 2015
County: Wayne-District 19

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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 July 16, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and ██████████, Claimant's ██████████ case manager at ██████████. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Hearing Facilitator.

ISSUE

Did the Department properly process Claimant's ██████████ Medical Assistance (MA) case?

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 ██████████ was an ongoing recipient of MA benefits.
2. The ██████████ is a disabled ██████████ year old child.
3. In connection with a redetermination, the Department reprocessed the ██████████ MA eligibility and included his monthly \$1908 Retirement, Survivors and Disability Insurance Income (RSDI).
4. On May 7, 2015, the Department sent Claimant a Health Care Coverage Determination Notice (Exhibit B) notifying her that her ██████████ MA case was subject to a monthly \$1508 deductible effective June 1, 2015.

5. On Jun 3, 2015, Claimant filed a request for 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.

Claimant's ██████ had been receiving full-coverage MA, but after the redetermination, the Department determined that, based on his monthly \$1908 RSDI income, he was eligible for MA subject to a monthly \$1508 beginning June 1, 2015.

At the hearing, the Department testified that it had erred in processing the ██████ MA eligibility because it had identified him as an adult when he was a minor. The income eligibility standard for coverage under the Under 19 (U19) program for children between the ages of 1 and 19 is 160% of the federal poverty level, a higher standard than that applicable to adults under the Healthy Michigan Plan (HMP) or the Ad-Care program. See BEM 163 (July 2013), p. 1; Michigan Department of Community Health, MAGI Related Eligibility Manual, § 5.2, available at http://www.michigan.gov/documents/mdch/MAGI_Manual_457706_7.pdf. The Department further testified that when it properly identified the ██████ as a minor and reran his MA eligibility to include his RSDI income, its system determined he was eligible for full-coverage MA under the U19 program effective as of June 1, 2015. The Department presented a screen shot of the Health Care Coverage Determination Notice dated July 16, 2015, establishing that Claimant's ██████ had been approved for full-coverage MA (Exhibit C) effective June 1, 2015. Therefore, the Department resolved its error prior to hearing.

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 corrected its actions prior to hearing and approved Claimant's ██████ for full-coverage MA.

DECISION AND ORDER

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



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **7/24/2015**

Date Mailed: **7/24/2015**

ACE / 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]
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