

**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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MAHS Reg. No.: 15-016142
Issue No.: 2004
Agency Case No.: ██████████
Hearing Date: October 29, 2015
County: Wayne (31)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

Following Petitioner'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 October 29, 2015, from Detroit, Michigan. Petitioner did not appear for the hearing. Petitioner was represented by ██████████ of ██████████. MDHHS did not appear for the hearing.

ISSUE

The issue is whether MDHHS properly determined Petitioner's Medical Assistance (MA) eligibility.

FINDINGS OF FACT

The administrative law judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On January 24, 2014, Petitioner applied for MA benefits.
2. Petitioner informed MDHHS that she lived with a minor biological child.
3. On an unspecified date, MDHHS determined Petitioner to be eligible for Plan First! benefits for February 2014 and March 2014.
4. On June 18, 2015, Petitioner requested a hearing to dispute the failure by MDHHS to evaluate Petitioner for a more beneficial MA category.

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

Petitioner's authorized hearing representative (AHR) requested a hearing to dispute Petitioner's MA eligibility. Petitioner's AHR's testimony indicated only the months of February 2014 and March 2014 were disputed.

Petitioner's AHR testified that MDHHS approved Petitioner for Plan First! Plan First! is an insurance offering family planning services which may include diagnostic evaluation, drugs, and supplies, for voluntarily preventing or delaying pregnancy. BEM 124 (January 2014), p. 3.

Petitioner's AHR contended that MDHHS should have evaluated Petitioner for MA benefits based on her status as a caretaker. Petitioner's AHR testified (without dispute) that Petitioner's application informed MDHHS that Petitioner lived with a minor child.

[Low-Income Family (LIF)] is a MAGI-related MA category. BEM 110 (January 2014), p. 1. Adults with a dependent child and income under 54% of the Federal Poverty Level will be considered LIF eligible. *Id.*

[Group 2- Caretaker Relatives (G2C)] is a FIP-related Group 2 MA category. BEM 135 (July 2013), p. 1. MA is available to parents and other caretaker relatives who meet the eligibility factors in this item. *Id.*

MDHHS provides the order in which MA programs are to be considered. Among MAGI-related MA categories, LIF is the second best option (see BEM 105 (January 2014, p. 3). MA eligibility based on parents or caretaker status is the 7th best option (see *Id.*). Plan First! is the 8th best option (see *Id.*). Although G2C is the 11th best option, it is a more beneficial MA category for Petitioner and should have been evaluated ahead of Plan First!

Persons may qualify under more than one MA category. *Id.*, 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.*

LIF, parent/caretaker, and G2C are just some of the MA categories for which Petitioner may have been eligible. There was no evidence that MDHHS evaluated Petitioner's MA eligibility for any MA category other than Plan First! It is found that MDHHS improperly determined Petitioner's MA eligibility by failing to consider more beneficial categories than Plan First!

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that MDHHS failed to properly process Petitioner's MA eligibility. It is ordered that MDHHS, within 10 days of the date of mailing of this decision, perform the following actions:

- (1) reevaluate Petitioner's MA eligibility for February 2014 and March 2014, subject to the finding that MDHHS failed to consider Petitioner's MA eligibility for programs more beneficial than Plan First!; and
- (2) initiate an upgrade of MA coverage if Petitioner is found eligible for a more beneficial MA category.

The actions taken by MDHHS are **REVERSED**.



Christian Gardocki

Administrative Law Judge
for Nick Lyon, Director

Department of Health and Human Services

Date Signed: **10/30/2015**

Date Mailed: **10/30/2015**

CG/tm

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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