

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-002297  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: April 16, 2015  
County: Livingston

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

**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 April 16, 2015, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Health and Human Services (Department) included Family Independence Specialist (FIS) [REDACTED] and General Program Manager [REDACTED].

**ISSUE**

Did the Department properly process Claimant's November 17, 2014 Medical Assistance application?

**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 submitted a Medical Assistance application on November 17, 2014.
2. On November 19, 2014, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606) which stated her daughter [REDACTED] was not eligible for Medical Assistance but was referred to MICHILD.
3. On February 6, 2015, Claimant submitted a hearing request.

**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.

During this hearing documents in evidence and testimony show that: Claimant's benefit group consisted of herself, her husband and their daughter; Claimant has earned income and is enrolled for employer medical insurance (Page 6); and Claimant's husband receives Retirement, Survivors, Disability Income benefits and has Medicare coverage (Page 8). It is noted that: the Medicaid category for children under 19 is also referred to as "Healthy Kids"; and MICHILD is not a Medicaid category.

Bridges Eligibility Manual (BEM) 110 Low-Income Family MA (LIF) (2014) states:

This is a MAGI-related MA category.

LIF eligibility under the ACA will be a MAGI-related eligibility subgroup. Eligibility for LIF will be derived after a successful MAGI-related eligibility determination for either Parent/Caretaker Relative or Children Under 19.

The MODIFIED ADJUSTED GROSS INCOME (MAGI) RELATED ELIGIBILITY MANUAL at section 1.2 states that the income limit for a child age 1-19 is 160% of the Federal Poverty Limit. Section 5.1 Family Size states "The size of the household will be determined by the principles of tax dependency in the majority of cases. Parents, children and siblings are included in the same household. Parents and stepparents are treated the same. Individual family members may be eligible under different categories." Section 5.2 states:

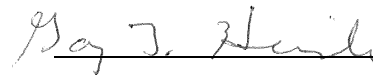
The household for an individual who is a tax dependent of someone else, consists of:

- The household of the tax filer claiming the individual as a tax dependent, except that the individual's group must be considered as non-filer/non-dependent if:
  - The individual is not the spouse or a biological, adopted, or step child of the taxpayer claiming them; or
  - The individual is under the age of 19 (or under 21 if a full time student) and expects to be claimed by one parent as a tax dependent and are living with both parents but the parents do not expect to file a joint tax return; or
  - The individual is under the age of 19 (or under 21 if a full time student) and expects to be claimed as a tax dependent by a non-custodial parent,
  - The individual's group consists of the parent who has a court order or binding separation, divorce, or custody agreement establishing physical custody controls, or
  - If there is no such order or agreement or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights.

The policies cited above address the questions Claimant raised regarding how the income of herself and her husband are considered in determining her daughter's Medical Assistance eligibility. The November 19, 2014 Health Care Coverage Determination Notice (DHS-1606) did not make note of any MAGI income calculations used in determining Kayla's Medical Assistance eligibility. However, the Hearing Summary shows the MAGI income calculation and shows that [REDACTED] is not Medicaid eligible in accordance with the policies cited above. 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 processed Claimant's November 17, 2014 Medical Assistance application.

### **DECISION AND ORDER**

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



**Gary Heisler**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **5/13/2015**

Date Mailed: **5/13/2015**

GH/las

**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:

