

**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.: 15-002706
Issue No.: 2001
Case No.: ██████████
Hearing Date: April 02, 2015
County: WAYNE-DISTRICT 15
(GREYDALE)

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 three way hearing was held on April 2, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant's Authorized Hearing Representative (AHR), ██████████. The Claimant did not appear. Participants on behalf of the Department of Health and Human Services (Department) included ██████████ Eligibility Specialist.

ISSUE

Did the Department properly process the Claimant's application for Medical Assistance as a caretaker of two minor children?

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 through her Authorized Representative (AHR) on January 3, 2014.
2. The Claimant's MA application advised the Department that she had two minor children and was the mother of the children and a caretaker.
3. The Claimant was approved for Plan First in January 2014 through March 2014 and thereafter, April 1, 2014 was approved for HMP. It was unclear based upon the evidence presented by the Department whether the Claimant was approved as a Group 2 caretaker of minor children.

4. The Claimant's AHR was never provided notice by the Department of the Department's action approving the Claimant's application.
5. The Claimant's AHR requested a timely hearing on February 13, 2015 as the Department did not provide the AHR notice.

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 through her AHR applied for Medicaid as a Group 2 caretaker as the mother of two minor children who are in her care. The AHR never received notice of the Department's approval of the Claimant for Plan First effective January 1, 2013 or any other action on the application and thus filed a hearing request seeking to have the application processed by the Department. The Department never responded to the several requests for information by the AHR. At the hearing the Department could not explain why the Claimant was approved for Plan First instead of a Group 2 caretaker of minor children, and no Health Care Determination Notice was provided with the hearing materials. BEM 105 provides:

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income.

However, clients are not expected to know such things as:

- Ineligibility for a FIP grant does not mean MA coverage must end.
- The LIF category is usually the most beneficial category for families because families who become ineligible for LIF may qualify for TMA or Special N/Support.

- The most beneficial category may change when a client's circumstances change.
- **Therefore, you must consider all the MA category options in order for the client's right of choice to be meaningful. BEM 105 (October 1, 2014) p. 2**

Because the Department should have considered the most beneficial coverage, and could not explain why Plan First was approved for Claimant rather than LIF or Group 2 caretaker, the Department did not meet its burden of proof.

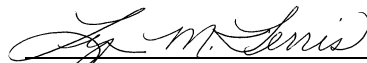
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it failed to demonstrate that it afforded the Claimant the most beneficial coverage available to her based upon her application as a Group 2 caretaker of minor children.

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 shall reprocess the Claimant's January 3, 2014 MA application and determine Claimant's eligibility for MA based upon a Group 2 caretaker of minor children or the most beneficial coverage she is eligible for and process the application and any retroactive application accordingly in accordance with Department Policy.
2. The Department shall provide the Claimant's AHR Advomas written notice of all actions taken as ordered by this Decision and Order.



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

Date Signed: **4/28/2015**

Date Mailed: **4/28/2015**

LMF / cl

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]