

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-003084
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: April 09, 2015
County: WAYNE-DISTRICT 19
(INKSTER)

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 April 9, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Claimant's spouse, [REDACTED], also appeared as a witness. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Hearing Facilitator.

ISSUE

Did the Department properly close the Claimant's MA case due ineligibility for HMP?

Did the Department fail to process the Claimant's January 21, 2014 application for Medical Assistance based on disability?

FINDINGS OF FACT

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

1. A Redetermination was sent to Claimant dated November 10, 2014 with a due date of December 1, 2014. The Claimant completed the Redetermination and advised the Department that the Claimant's spouse was working and received \$2,000 per month. Exhibit 3.
2. The Department issued a Health Care Determination Notice on December 19, 2014 and denied the Claimant's application for failure to return the

redetermination. At the hearing the Department indicated that the Claimant's case was denied based on exceeding the HMP income limit for a group of two. Exhibit 4.

3. The Department used earned income of \$2200 when calculating the Claimant's eligibility for medical assistance for HMP. Exhibit 1 and 2. This income was based upon a written verification provided by her employer, for a company owned by her husband. At the hearing the Claimant indicated that the Claimant's wife's gross income was \$1847 as he thought the company's gross was required.
4. The Claimant applied for Medical Assistance in January 21, 2014 indicating he was disabled. The Department never processed the application for MA based upon disability. The Department testified that the application should have been processed based on disability and a medical packet should have been sent out.
5. The Claimant requested a hearing on February 19, 2015 protesting the denial of Medical Assistance based upon failure to verify information.

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 Department, based upon the information it had from the Claimant's verification of income which indicated \$2200 received monthly, closed the Claimant's HMP case. Based upon this income information provided by Claimant, the Department found the Claimant's income was \$26,400 and exceeded the HMP income limit for 2 persons of \$20,920 and thus exceeded the income limit for HMP eligibility. Based upon the evidence presented the Department properly closed the Claimant's HMP case. Exhibit 4.

The Department conceded that it should have processed the January 2014 application as an MA application based on disability and failed to do so.

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 closed the Claimant's HMP for excess earned income.

The Department did not act in accordance with Department policy when it failed to process the Claimant's January 2014 application based upon disability.

DECISION AND ORDER

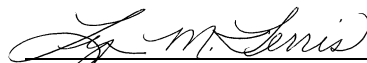
Accordingly, the Department's decision is

AFFIRMED IN PART with respect to the Department's closure of Claimant's HMP;
and

REVERSED IN PART with respect to the Department's failure to process the Claimant's January 2014 application for Medical Assistance based upon disability.

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 re-register the January 21, 2014 application for Medical Assistance with retroactive application for December 2013 based upon disability and process the case to determine Claimant's eligibility.



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

Date Signed: **5/6/2015**

Date Mailed: **5/6/2015**

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]