

**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.: 15-003798
Issue No.: 2001
Case No.: ██████████
Hearing Date: APRIL 30, 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 30, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant, ██████████, and ██████████, her Authorized Hearing Representative (AHR). Participants on behalf of the Department of Human Services (Department or DHS) included ██████████, Hearing Facilitator.

ISSUE

Did the Department properly provide Claimant with Medical Assistance (MA) coverage she is eligible to receive from March 30, 2015 ongoing?

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 applied for Medical Assistance for herself and three of her children on January 15, 2015. The children were approved and the Claimant was approved subject to a \$2194 deductible.
2. Claimant resides with her husband and her children, ██████████
██████████
3. The Department issued a Health Care Determination Notice dated March 3, 2015 approving the group but the Notice was defective as it did not indicate what annual income was used to determine the deductible, nor was the deductible amount mentioned. Exhibit A.

4. At the hearing the Department advised that the Claimant was eligible for Medical Assistance Group 2 C (caretaker) with a \$2194 deductible. The Department offered no evidence regarding how the deductible was determined or whether other MAGI related programs were considered.
5. On February 26, 2015 the Claimant filed a hearing request, protesting the Department's action.

CONCLUSIONS OF LAW

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

In this case, the Department's hearing summary indicated that the Claimant was eligible for MA Group 2 C (caretaker) and is active with a deductible of \$2194. No budgets were provided or any explanation as to what the medical fiscal group income was that was used to determine the deductible and what, if any, consideration was given to the fact that the Claimant was pregnant at the time of the application. When queried regarding the process the Department used to determine the appropriate program or what income was used to determine the MA coverage, the Department was unable to provide any information. The Health Care Determination Notice was also deficient as it did not indicate any annual income used to determine eligibility or what the various eligibility determinations were for the individuals listed on the Notice. Exhibit A.

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. BEM 105 (October 2014), p. 1. Medicaid is also known as Medical Assistance (MA). BEM 105, p. 1.

The Medicaid program is comprised of several sub-programs or categories. BEM 105, p. 1. To receive MA under a Supplemental Security Income (SSI) - related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. BEM 105, p. 1. Medicaid eligibility for children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, Plan First! and Adult Medical Program is based on Modified Adjusted Gross Income (MAGI) methodology. BEM 105, p. 1.

Based on the evidence presented, the Department failed to satisfy its burden of showing that it properly provided Claimant with the most beneficial MA coverage she is eligible to receive from the January 2015 application date ongoing, as the Department failed to provide any evidence of how the deductible was determined, provided no evidence of what household income was used, and the Health Care Determination Notice was defective.

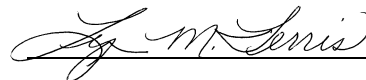
DECISION AND ORDER

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 properly provided Claimant with the most beneficial MA coverage she is eligible to receive from the date of her January 15, 2015 application and whether the deductible amount was determined in accordance with Department policy.

Accordingly, the Department's MA 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 redetermine Claimant's MA eligibility (including HMP eligibility or other MAGI related category) based upon her January 15, 2015 application ongoing;
2. Provide Claimant with the most beneficial MA coverage she is eligible to receive for January 2015 ongoing
3. Department shall notify the Claimant of its decision in writing.



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

Date Signed: **5/28/2015**

Date Mailed: **5/28/2015**

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]
[REDACTED]
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