

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-004816
Issue No.: 2007
Case No.: [REDACTED]
Hearing Date: May 7, 2015
County: Wayne (19)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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. After due notice, a telephone hearing was held on May 7, 2015, from Detroit, Michigan. Participants included the above-named Claimant. [REDACTED], Claimant's daughter, testified on behalf of Claimant. Participants on behalf of the Department of Health and Human Services (DHHS) included [REDACTED], hearing facilitator.

ISSUE

The issue is whether DHHS properly terminated Claimant's daughter's Healthy Michigan Plan (HMP) eligibility because she is no longer a dependent eligible to receive benefits as part of her mother's case.

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's daughter was a 27-year-old member of her mother's household.
2. Claimant's daughter was an ongoing HMP recipient, as part of her mother's case.
3. On an unspecified date, DHHS redetermined Claimant's and her mother's MA eligibility.

4. On [REDACTED], DHHS mailed Claimant a Health Care Coverage Determination Notice (Exhibits 1-3) informing Claimant that her daughter was no longer eligible for HMP benefits, effective April 2015.
5. On [REDACTED], Claimant requested a hearing to dispute the termination of her daughter's HMP eligibility.

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

The Healthy Michigan Plan is a new health care program that will be administered by the Michigan Department of Community Health, Medical Services Administration. The program will be implemented as authorized under the Affordable Care Act of 2010 as codified under 1902(a)(10)(A)(i)(VIII) of the Social Security Act and in compliance with the Michigan Public Act 107 of 2013. HMP policies are located in the Modified Adjusted Gross Income Related Eligibility Manual (MAGI).

Claimant's daughter is a 27 year old non-disabled, non-caretaker, non-pregnant individual. Hearing testimony indicated that Claimant's daughter's income is \$0. The only known program for which Claimant's daughter is potentially eligible is Healthy Michigan Plan (see MAGI May 28, 2014, p. 2).

Claimant requested a hearing to dispute a termination of her daughter's HMP eligibility. DHHS terminated Claimant's daughter's HMP eligibility following a redetermination of Claimant's MA eligibility. DHHS testified that Claimant's daughter's MA eligibility was properly terminated because she has to apply for her own benefits.

42 CFR 435.310 - Medically needy coverage of specified relatives.

(a) If the agency provides for the medically needy, it may provide Medicaid to specified relatives, as defined in paragraph (b) of this section, who meet the income and resource requirements of subpart I of this part.

(b) *Specified relatives* means individuals who:

- (1) Are listed under section 406(b)(1) of the Act and 45 CFR [233.90\(c\)\(1\)\(v\)\(A\)](#); and

(2) Have in their care an individual who is determined to be (or would, if needy, be) dependent, as specified in § [435.510](#).

42 CFR 435.510 - Determination of dependency

§ 435.510 Determination of dependency.

For families with dependent children who are not receiving AFDC, the agency must use the definitions and procedures set forth under the State's AFDC plan to determine whether—

- (a) An individual is a dependent child because he is deprived of parental support or care; and
- (b) An individual is an eligible member of a family with dependent children.

It is presumed that Claimant's 27-year-old daughter was not a tax dependent or AFDC dependent to Claimant; no evidence was presented to rebut the presumption. Because Claimant's daughter is not a dependent, she cannot be a specified relative eligible to receive HMP as part of her mother's case. Accordingly, it is found that DHHS properly terminated Claimant's daughter's HMP eligibility. As stated during the hearing, Claimant's daughter simply needs to complete and submit her own application to be reconsidered for HMP eligibility.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHHS properly terminated Claimant's daughter's HMP eligibility, effective April 2015. The actions taken by DHHS are **AFFIRMED**.



Christian Gardocki
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

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

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

CG / hw

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:

