

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-005445  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: May 20, 2015  
County: Eaton

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**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 May 20, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Assistance Payments Supervisor.

**ISSUE**

Did the Department properly close Claimant's children's Medical Assistance (MA) cases?

**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 children are under age 19 and were receiving straight Medicaid benefits.
2. On March 20, 2015, a Health Care Coverage Determination Notice was issued to Claimant stating the children were not eligible for April 1, 2015, and ongoing because they are not under 21, pregnant, a caretaker of a minor child in the home, over age 65, blind or disabled.
3. On March 27, 2015, Claimant filed a hearing request contesting the Department's action.

4. The Department determined that the closure of Claimant's children's Medicaid benefits was an error.
5. A Help Desk Ticket ( [REDACTED] ) was filed on April 2, 2015, because the system is not allowing coverage to be approved.
6. As of May 20, 2015, the Help Desk Ticket was still pending, but was being escalated based on Claimant's children needing medical care.

### **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.

There are Medicaid categories for children under age 19, a MAGI related MA category, as well as persons under age 21, a Group 2 MA category. See BEM 105, October 1, 2014, pp. 1-4.

In this case, Claimant's children are under age 19 and were receiving straight Medicaid benefits.

On March 20, 2015, a Health Care Coverage Determination Notice was issued to Claimant stating the children were not eligible for April 1, 2015, and ongoing because they are not under 21, pregnant, a caretaker of a minor child in the home, over age 65, blind or disabled.

The Department determined that the closure of Claimant's children's Medicaid benefits was an error. A Help Desk Ticket ( [REDACTED] ) was filed on April 2, 2015, because the system is not allowing coverage to be approved.

The Assistance Payments Supervisor testified that a call was made to the Help Desk shortly before the hearing commenced. The Help Desk Ticket was still pending, but was being escalated based on Claimant's children needing medical care.

Overall, the Department has acknowledged that the closure of Claimant's children's Medicaid benefits was an error and agreed to overturn its decision. Therefore, the March 20, 2015, determination to close Claimant's children's Medicaid benefits is reversed.

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 did not act in accordance with Department policy when it closed Claimant's children's MA cases.

### **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. If they have not already done so, expedite Help Desk Ticket (BR-0157637).
2. If they have not already done so, re-determine Claimant's children's eligibility for MA retroactive to the April 1, 2015, effective date in accordance with Department policy.
3. Issue written notice of the determination in accordance with Department policy.
4. Supplement for lost benefits (if any) that Claimant was entitled to receive, if otherwise eligible and qualified in accordance with Department policy.



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Colleen Lack  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Mailed: **5/21/2015**

CL/jaf

**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:

