

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-008158  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: June 29, 2015  
County: WAYNE-DISTRICT 76

**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 June 29, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], FIS and [REDACTED] Assistance Payments Supervisor and Hearing Facilitator.

**ISSUE**

Did the Department properly deny and then close the Claimant's Medical Assistance (HMP) correctly?

**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 HMP on [REDACTED] and was approved and thereafter he was denied HMP as of [REDACTED]. The Department based its denial in part on its determination that the Claimant was receiving SSI. Exhibit 2
2. The Claimant was denied HMP by a Health Care Determination Notice dated [REDACTED] due to not being disabled and noted Claimant had no income. Exhibit 2
3. The SOLQ provided by the Department appeared to be incorrect and unclear. Exhibit 1. It demonstrated that the Claimant had received no SSI benefits even though the Claimant was billed for Medicare Part B premium. Neither the Claimant nor the Department could explain this discrepancy. Exhibit 1.

4. The Claimant requested a hearing on [REDACTED] protesting the Department's actions.

### **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 determined that the Claimant's SSI was not received as of March 2015 based upon an SOLQ provided by the Department. Exhibit 1. At the time of the hearing the Claimant was not receiving SSI. The Department based its determination denying the Claimant's HMP because it believed that the Claimant was receiving SSI. The Claimant was not receiving SSI and receives no income from Social Security. The Claimant credibly testified that he has appealed the Social Security denial which is on appeal. The Claimant's SOLQ does not demonstrate that he receives Part A or Part B. The Claimant is not receiving Part A or Part B although he is billed for Part B he does not pay the premium.

The Department issued a Health Care Coverage Determination Notice denying the Claimant HMP even though he had no income and was 54 at the time of the hearing. Exhibit 2. The SOLQ did not appear correct, was full of discrepancies thus because the Department's determination denying HMP to the extent it relied on the SOLQ cannot be explained. . The Claimant has no income and does not receive Social Security. The Department could not explain these discrepancies in the records and the evidence it presented.. Even the Health Care Coverage Determination Notice finds the Claimant denied because he is not disabled and has no income. Exhibit 2. Therefore based upon the evidence provided at the hearing, the Department failed to sustain its burden of proof that its denial of the Claimant's application for HMP was correct.

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 denied the Claimant application for medical assistance.

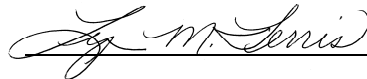
**DECISION AND ORDER**

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 re register and re process the Claimant's [REDACTED] application for Medical Assistance, HMP and determine Claimant's eligibility.
2. The Department shall advise the Claimant in writing of its eligibility determination.



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

Date Signed: **7/29/2015**

Date Mailed: **7/29/2015**

LMF / 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:

