

**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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██████████  
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Reg. No.: 15-008342  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: June 24, 2015  
County: Wayne (17-Greenfield/Joy)

**ADMINISTRATIVE LAW JUDGE:** Alice C. Elkin

**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 24, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████

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██ The Department of Health and Human Services (Department) was notified at 8:28 am that the AHR was prepared to proceed with the 8:30 am scheduled hearing. When the Department did not respond by 9:02, the hearing proceeded without a Department representative.

**ISSUE**

Did the Department properly process Claimant's January 12, 2015, application for Medical Assistance (MA) benefits?

**FINDINGS OF FACT**

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

1. On January 12, 2015, Claimant applied for MA with a request for retroactive coverage to December 2014 (Exhibit 2).
2. On April 27, 2015, the AHR filed a hearing request concerning the January 15, 2015 MA application and retroactive coverage, specifically concerning service dates of December 29, 2014 to February 17, 2015.

### **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.

The AHR requested a hearing specifically concerning Claimant's MA for service dates of December 29, 2014, to January 2, 2015, and January 2, 2015, to February 17, 2015. The Department did not participate in the hearing, but in its hearing summary, it contended that Claimant had active MA. The AHR testified that on June 2, 2015, the Department activated Claimant's MA coverage under the Healthy Michigan Program (HMP) for December 2014 but it did not activate coverage for January 2015 and February 2015 (Exhibit 3). The AHR testified that, for January 2015 and February 2015, Claimant had no income, was not otherwise eligible for Medicaid or Medicare, and was 33 years old. The AHR's testimony was sufficient to establish that Claimant had ongoing eligibility for HMP coverage for January 2015 and February 2015. Michigan Department of Community Health, Medicaid Provider Manual, Healthy Michigan Plan, § 1.1. The Department was not present to dispute the AHR's testimony or the AHR's evidence that MA coverage for January 2015 and February 2015 had not been activated. The Department's statement in its hearing summary that Claimant had active MA coverage implied that Claimant was eligible for MA coverage for the periods at issue.

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 failed to activate MA coverage for Claimant for January 2015 and February 2015.

### **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. Activate Claimant's MA coverage for January 2015 and February 2015;
2. Issue supplements to Claimant's providers for any MA benefits Claimant was eligible to receive in January 2015 and February 2015.

  
**Alice C. Elkin**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **6/30/2015**

Date Mailed: **7/01/2015**

ACE / pf

**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]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]