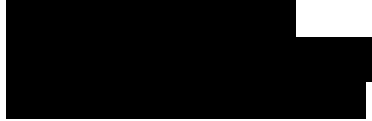


**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**IN THE MATTER OF:**



MAHS Reg. No.: 15-008922  
Issue No.: 2001, 3000, 6002  
Agency Case No.: [REDACTED]  
Hearing Date: July 21, 2015  
County: Oakland (4)  
North Saginaw

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

**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 July 21, 2015, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Health and Human Services (Department) included Family Independence Specialist (FIS) Stephens and Family Independence Manager (FIM) Strand. During this hearing it was determined that no notice of change was issued regarding Claimant's Food Assistance Program (FAP). In accordance with Bridges Administration Manual (BAM) 600 Hearings there is no ad judicable Food Assistance Program issue. That portion of this hearing request is dismissed.

**ISSUE**

1. Did the Department properly determine Medical Assistance (MA) eligibility of Claimant's benefit group on May 18, 2015?
2. Did the Department properly determine Claimant's Child Development and Care (CDC) Program eligibility on May 18, 2015?

**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 was an ongoing recipient of CDC Program benefits.
2. On April 14, 2015, Claimant was sent a Redetermination (DHS-1010) for review of her CDC Program eligibility.

3. On April 17, 2015, Claimant was sent a Wage Match Client Notice (DHS-4638) regarding income received by [REDACTED], Claimant's living together partner and father of one of her children. The employer noted on the match was [REDACTED].
4. On April 28, 2015, Claimant submitted the Wage Match Client Notice (DHS-4638) for [REDACTED], filled out by herself for a business named [REDACTED]. Claimant also submitted some of her pay checks.
5. On May 18, 2015, Claimant was sent a Notice of Case Action (DHS-1605), which stated her CDC Program ended May 31, 2015.
6. On May 18, 2015, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606), which stated [REDACTED] and both children in the household were not eligible for MA beginning June 1, 2015.
7. On May 29, 2015, Claimant submitted a hearing request.

### **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).

### **Medical Assistance**

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.

During this hearing the Department representatives testified credibly that the May 18, 2015, Health Care Coverage Determination Notice (DHS-1606) was incorrect and the group's Medical Assistance eligibility needs to be re-determined. 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 determined Medical Assistance eligibility of Claimant's benefit group on May 18, 2015.

### **Child Development and Care Program**

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

In this case the Department asserts that the CDC Program was properly closed because [REDACTED] income was not properly verified and the need hours were not verified because Claimant's work schedule was not provided. Claimant testified that she misunderstood the need for her work schedule and only submitted her income verification. The lack of verification for hours needed alone is sufficient to stop the CDC Program benefits. No further analysis is required.

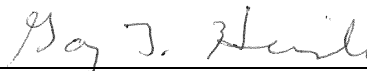
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it determined Claimant's CDC Program eligibility on May 18, 2015.

### **DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED IN PART** with respect to Child Development and Care Program and **REVERSED IN PART** with respect to Medical Assistance.

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. Re-determine Medical Assistance eligibility for Claimant's benefit group from June 1, 2015 ongoing.



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Gary Heisler  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Mailed: **7/28/2015**

GH/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:

