

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-009379
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: July 09, 2015
County: WAYNE-DISTRICT 15

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 three way telephone hearing was held on July 9, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant's Authorized Hearing Representative, (AHR) [REDACTED]. Claimant did not appear. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Assistance Payments Worker.

ISSUE

Did the Department properly process the Claimant's application for Medical Assistance?

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, through her AHR, applied for Medical Assistance on [REDACTED] (Exhibit 1 p. 5). The Claimant did not apply for her son, but for herself. The Claimant indicated on the application that she had been pregnant and had lost her baby in January 2014. Exhibit 1, p. 14
2. The Department processed the application and for the month of April 2014 and found the Claimant eligible for Plan First, not Medicaid. Exhibit 3, p. 1 and Claimant Exhibit A
3. The Claimant's AHR filed a timely hearing request on [REDACTED], protesting the coverage afforded claimant and also requesting the status of the Claimant's

application, as it never received notice from the Department of its action on the MA application.

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 Claimant's AHR filed an application for MA and Retro Ma on [REDACTED]. [REDACTED] The Department processed the application and determined that the Claimant was eligible for Plan First MA effective [REDACTED] based on an [REDACTED] Notice to the Claimant but not the AHR. The Claimant's AHR advised that the Claimant's application advised and notified the Department that the Claimant was pregnant and had had a miscarriage in January 2014. The Claimant's AHR further asserted that based upon Department policy the Claimant would be eligible post-partum for two months for full Medicaid based upon Pregnancy. Department policy provides:

MA Only

Pregnant Women Medicaid (MA) is a FIP-related Group 1 MA category.

MA is available to a woman while she is pregnant, the month her pregnancy ends and during the two calendar months following the month her pregnancy ended regardless of the reason (for example, live birth, miscarriage, stillborn). Once eligible for Pregnant Women Medicaid a woman remains eligible until the end of her two month post-partum period unless she moves out of state or dies.

All eligibility factors in this item must be met. Her fiscal group's net income cannot exceed 185 percent of the poverty level. All nonfinancial eligibility factors must be met

in the calendar month being tested. BEM 125, (June 1, 2015) p. 1. (emphasis supplied)

The application filed by the Claimant's AHR clearly noted that the Claimant was pregnant and her pregnancy had ended. The Department never requested a Verification of Claimant's pregnancy and pregnancy ending in January 2014, therefore it does not appear that it ever determined the issue or whether the Claimant was eligible for MA based upon FIP related Pregnant Woman Medicaid instead of Plan First. The Claimant is entitled to the best plan if it can be determined and verified when the pregnancy ended.

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income.

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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 verify pregnancy and loss of pregnancy in regards to Claimant's March 2014 application and determined Claimant's eligibility based upon Plan First only.

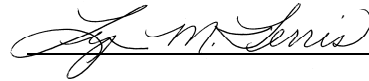
DECISION AND ORDER

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 reprocess the Claimant's MA application for March 2014 and shall seek verification of loss of pregnancy.
2. The Department shall provide Claimant's AHR written notice of all requests for verification and any determinations regarding the Claimant's eligibility for MA.



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

Date Signed: **8/4/2015**

Date Mailed: **8/4/2015**

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:

