

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-018124
Issue No.: 2001
Agency Case No.: [REDACTED]
Hearing Date: [REDACTED]
County: Ionia

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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 [REDACTED], from Lansing, Michigan. Claimant and her husband, [REDACTED], personally appeared and testified. The Department of Health and Human Services (Department) was represented by Assistance Payment Supervisor [REDACTED].

ISSUE

Did the Department properly determine the proper Medicaid Assistance (MA) program for Claimant's youngest child, [REDACTED]?

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 youngest child, [REDACTED], was covered under the Medical Assistance program at all times in this matter.
2. On [REDACTED] Claimant submitted a Redetermination with a change in income. (Dept Ex. A, p 5).
3. On [REDACTED], the Department mailed Claimant a Health Care Coverage Determination Notice indicating [REDACTED] would have a MA spenddown of \$ [REDACTED] a month effective [REDACTED]. (Dept Ex. A, pp 4-5).
4. On [REDACTED], the Bridges Resource Center registered the Help Desk Ticket to refer [REDACTED] to MICHILD, under [REDACTED]. (Dept Ex. A, p 5).

5. On [REDACTED], Claimant submitted a Request for Hearing to the Department contesting the change of MA coverage of [REDACTED] to a Medicaid Deductible. (Dept Ex. A, p 2).
6. On [REDACTED], the Help Desk ticket to refer [REDACTED] to MICHILD was still pending. (Dept Ex. A, p 5).

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.

MA is available to a child under age 1 whose fiscal group's net income does not exceed 195 percent of the poverty level. BEM 129, p 1 (6/1/2015). All eligibility factors must be met in the calendar month being tested. BEM 129, p 1. Under Age 1 is a FIP-related Group 1 MA category. BEM 129, p 1.

In this case, the Assistance Payment Supervisor credibly testified that on processing of the [REDACTED] Redetermination, Claimant's youngest child, [REDACTED], should have been referred to the MICHILD program. Because Bridges improperly found B. Kresge had a \$ [REDACTED] spenddown, the Department submitted a Help Desk Ticket, [REDACTED]. The Assistance Payment Supervisor stated that the application was certified in Bridges on [REDACTED] [REDACTED] should have had MICHILD coverage beginning [REDACTED].

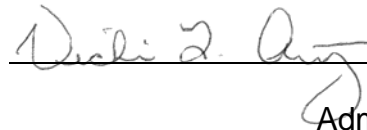
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it changed the child's coverage to a spenddown.

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. Redetermine [REDACTED] MA eligibility under MICHILD effective [REDACTED], see Help Desk ticket [REDACTED].
2. Issue any retroactive benefits to [REDACTED] if otherwise eligible.



Vicki Armstrong
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

[REDACTED]

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:

