



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: October 7, 2016
MAHS Docket No.: 16-012819

[REDACTED]
[REDACTED]

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

HEARING DECISION

Following Petitioner'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 - 273.18; 42 CFR 431.200 - 431.250; 45 CFR 99.1 - 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on October 6, 2016, from Lansing, Michigan. Petitioner personally appeared and testified.

The Department of Health and Human Services (Department) was represented by Assistance Payment Supervisor [REDACTED] [REDACTED] and Assistance Payment Worker [REDACTED]. [REDACTED] and [REDACTED] testified on behalf of the Department. The Department submitted 29 exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

ISSUE

Did the Department properly determine Petitioner's Medicaid eligibility?

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 July 11, 2016, the Department issued Petitioner a Redetermination with a due date of August, 2016.
2. On August 24, 2016, Petitioner submitted the completed Redetermination and income verification. [Dept. Exh. 9-16].

3. The Department determined Petitioner's annual income from the 2015 Michigan Individual Income Tax Declaration submitted by Petitioner with her Redetermination. The Department counted [REDACTED] in annual income from [REDACTED] and [REDACTED] in biweekly income from [REDACTED]. [Hearing Summary].
4. On August 25, 2016, the Department issued a Health Care Coverage Determination Notice to Petitioner informing her that she was no longer eligible for Medicaid due to excess income. [Dept. Exh. 6-7].
5. On August 31, 2016, Petitioner submitted a Request for Hearing. [Dept. Exh. 2-3].
6. Petitioner credibly testified in the above captioned matter, that her annual income for 2015 was [REDACTED] from [REDACTED] and [REDACTED] from [REDACTED]. Petitioner submitted the Schedule C to the Department in support of her testimony. [Testimony of [REDACTED], 10/6/2016].

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 relied on the information Petitioner submitted in her Redetermination and determined that Petitioner earned [REDACTED] in 2015, which was in excess of the yearly income limit of [REDACTED]. The Department then closed Petitioner's Medicaid benefits for excess income. However, during the hearing in the above captioned matter, Petitioner explained her mistake in writing she earned [REDACTED] biweekly, when she earned the [REDACTED] for the year from [REDACTED]. Based on the corrected amount of income and submission of the Schedule C at hearing, the Department agreed to complete a Redetermination.

DECISION AND ORDER

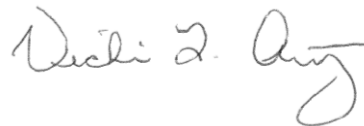
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department acted in

accordance with Department policy when it denied Petitioner's Medicaid Redetermination.

Accordingly, the Department's decision is **AFFIRMED IN PART** with respect to the Department's eligibility determination based on the information at the time and **REVERSED IN PART** with respect to the Department's agreement to do the Redetermination with the corrected information.

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 Petitioner's Medicaid eligibility back to October 1, 2016.
2. Issue a Health Care Coverage Determination Notice on the completion of the Redetermination.



Vicki Armstrong

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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