



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR



Date Mailed: JuLY 7, 2017
MAHS Docket No.: 17-004884
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Gary Heisler

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 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 May 17, 2017, from Lansing, Michigan. Petitioner was represented by her spouse, [REDACTED]. The Department was represented by Assistance Payment Supervisor [REDACTED].

ISSUE

Did the Department properly process Petitioner's February 1, 2017 Medical Assistance (MA) application?

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 February 1, 2017, Petitioner's spouse, [REDACTED] submitted an application for Medical Assistance (MA) benefits. The application was for a family group of 6, two married adults and their 4 children. The application specifies that [REDACTED] and Petitioner are applying for Medical Assistance (MA) benefits. The application indicates that Petitioner received earned income in the amount of \$ [REDACTED] every two weeks and that [REDACTED] received Unemployment Compensation benefits in the amount of \$ [REDACTED] every two weeks.
2. On February 6, 2017, Petitioner was sent a Health Care Coverage Determination Notice (DHS-1606). The notice stated that all three of the four children in the household were eligible. The other child was noted as having Medical Assistance (MA) coverage under another case. The notice stated [REDACTED] was not eligible for

Medical Assistance (MA) due to excess assets. The notice did not give a Medical Assistance (MA) eligibility determination for Petitioner.

3. On March 23, 2017, Petitioner submitted a hearing request.
4. On April 4, 2017, Petitioner submitted another application for Medical Assistance (MA) for [REDACTED] and herself. The application indicated that Petitioner had two sources of earned income: [REDACTED] where she reported a \$ [REDACTED] bi-monthly salary; and [REDACTED] where she reported working 17 hours per week at \$ [REDACTED] per hour. The application included retroactive coverage for January, February and March of 2017.
5. On April 12, 2017, Petitioner was sent a Verification Checklist (DHS-3503) which requested proof of all earned and unearned income.
6. On April 28, 2017, Petitioner was sent a Health Care Coverage Determination Notice (DHS-1606) which stated she and [REDACTED] were eligible for Medical Assistance (MA) under the Healthy Michigan Plan from April 1, 2017 ongoing. This subsequent Medical Assistance (MA) approval still leave [REDACTED] and Petitioner without Medical Assistance (MA) coverage for the months of February and March 2017.

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.

It is noted that the February 1, 2017 application specified that both [REDACTED] and Petitioner were applying for Medical Assistance (MA) benefits. The Hearing Summary states that on February 6, 2017 “the worker processed the application and found that Mr. and Mrs. [REDACTED] income was over the income limit for the Healthy Michigan Plan.” The Hearing Summary also states “the income was not updated per what was reported on the application nor was a checklist sent . . . the income and assets budgeted were from a previous record in 2016.”

There is no evidence in the record which shows that an eligibility determination was made for Petitioner from the February 1, 2017 application. Neither is there evidence in the record which shows that an HMP eligibility was made for either [REDACTED] or Petitioner from the February 1, 2017 application.

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 processed Petitioner's February 1, 2017 Medical Assistance (MA) application.

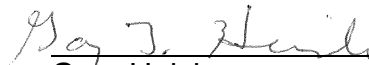
DECISION AND ORDER

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. Reinstate the February 1, 2017, Medical Assistance (MA) application and process it in accordance with Department policy.

GH/nr



Gary Heisler
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

DHHS

[REDACTED]

Petitioner

[REDACTED]