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 17, 2017 MAHS Docket No.: 17-005893 Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

# **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; 42 CFR 438.400 to 438.424; 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 **Constant of**, from **Constant of**, Michigan. Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by **Constant of**, Assistance Payments Supervisor; and **Constant of**, Assistance Payments Worker.

### ISSUE

Did the Department properly determine Petitioner eligibility for the Healthy Michigan Program (HMP)?

### FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

- 1. Petitioner was a recipient of HMP with a redetermination due.
- 2. On **percent**, Petitioner submitted her Redetermination Application, DHS 1010, to the Department where she reported her biweekly income of **\$** with check stubs attached. Department Exhibit 1, pgs. 5-10 and 17-18.
- 3. On **even**, the Department processed Petitioner's overdue Redetermination Application and sent her a Health Care Coverage Determination Notice, DHS, 1606, that she was eligible for HMP from **even**,

through . However, her case closed effective , due to excess income. Department Exhibit 1, pgs. 12-15.

- 4. On **Example 1**, Petitioner sent the Department a notice and a copy of her check stubs and asked that her MA be closed effective **Example 2**, please. Department Exhibit 1, pgs. 16-18.
- 5. On **Contesting**, the Department received a hearing request from Petitioner, contesting the Department's negative action because she reported to her worker on **Contesting**, that her income had increased thus making her not eligible for MA, but her Caseworker renewed her MA for another year and now is being charged for HMP contributions with a proposed garnishment.

# 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 the instant case, Petitioner was a recipient of HMP with a redetermination due. On , Petitioner submitted her Redetermination Application, DHS 1010, to the Department where she reported her biweekly income of **\$** attached. Department Exhibit 1, pgs. 5-10 and 17-18. On **beaution**, the Department processed Petitioner's overdue Redetermination Application and sent her a Health Care Coverage Determination Notice, DHS, 1606, that she was eligible for HMP from the to excess income. Department Exhibit 1, pgs. 12-15.

On second a copy of her check stubs and asked that her MA be closed effective second a copy of her check Exhibit 1, pgs. 16-18. On second a copy of her check from Petitioner, contesting the Department's negative action because she reported to her worker on second a copy of the mean During the hearing, the Department conceded that Petitioner's Redetermination Application was not processed timely. Petitioner did not know that she still had MA and the Department did not know that she had private insurance. As a result, Petitioner had not paid her premiums for HMP. Since this is Department error, they issued a BRIDGES ticket of BR-0316183 to fix the issue to remove HMP coverage for Petitioner from the premium, through the premium.

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 timely process Petitioner's Redetermination Application. As a result, the Department issued a BR-0316183 to fix the issue to remove HMP coverage for Petitioner from

# 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 to give existing ticket priority to remove HMP coverage for Petitioner from previous through through through the second sec

Based on policy, the Department should provide Petitioner with written notification of the Department's revised eligibility determination and issue Petitioner any retroactive benefits she/he may be eligible to receive, if any.

CF/bb

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**Carmen G. Fahie** 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).

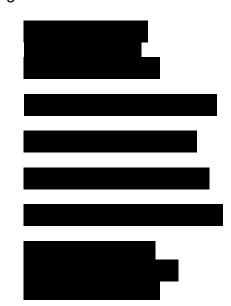
A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for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



Petitioner