



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: August 18, 2017  
MAHS Docket No.: 17-007292  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**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 July 20, 2017, from Lansing, Michigan. Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED] Eligibility Specialist.

### **ISSUE**

Did the Department properly determine the Petitioner's eligibility for Medicaid (MA) Healthy Michigan Program?

### **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 the Plan First Program with an application filed on December 5, 2013. Department Exhibit 3, pgs. 1-2.
2. On January 13, 2014, the Department Caseworker sent Petitioner a Notice of Case Action that she was approved for the Plan First at [REDACTED] Department Exhibit 4, pgs. 2-6.
3. On December 19, 2015, the Department sent Petitioner a notice to [REDACTED] that her Plan First Program was cancelled and she was switched to HMP. Department Exhibit 1, pgs. 4-6.

4. Petitioner was sent a HMP Health Account Statement for May 11, 2017 to her address at [REDACTED], indicating she owed \$ [REDACTED] plus a payment of \$ [REDACTED] for that month, totaling \$ [REDACTED]. The statement reflected a first payment of \$ [REDACTED] due June 15, 2017, a second payment of \$ [REDACTED] due on July 15, 2017, and a third payment due of \$ [REDACTED] on August 15, 2017. Petitioner Exhibit 1, pgs. a-b.
5. On May 22, 2017, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1605, to [REDACTED] [REDACTED] that she requested that her assistance be stopped so her case was closed effective July 1, 2017. Department Exhibit 1, pgs. 7-9.
6. On May 25, 2017, the Department received a hearing request from Petitioner, contesting the Department's negative action with a new address of [REDACTED] [REDACTED] Department Exhibit 1, pg. 3.

### **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, Petitioner was a recipient of the Plan First Program with an application filed on December 5, 2013. Department Exhibit 3, pgs. 1-2. On January 13, 2014, the Department Caseworker sent Petitioner a Notice of Case Action that she was approved for the Plan First to [REDACTED] [REDACTED]. Department Exhibit 4, pgs. 2-6. On December 19, 2015, the Department sent Petitioner a notice to [REDACTED] that her Plan First Program was cancelled and she was switched to HMP. Department Exhibit 1, pgs. 4-6.

Petitioner was sent a HMP Health Account Statement for May 11, 2017 to her address at [REDACTED], indicating she owed \$ [REDACTED] plus a payment of \$ [REDACTED] for that month, totaling \$ [REDACTED]. The statement reflected a first payment of \$ [REDACTED] due June 15, 2017, a second payment of \$ [REDACTED] due on July 15, 2017, and a third payment due of \$ [REDACTED] on August 15, 2017. Petitioner Exhibit 1, pgs. a-b. On May 22, 2017, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1605, to [REDACTED]



**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]

**DHHS**

[REDACTED]

**Petitioner**

[REDACTED]