



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: April 17, 2018  
MAHS Docket No.: 18-001619  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Amanda M. T. Marler**

**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 April 16, 2018, from Detroit, Michigan. The Petitioner appeared, was represented by [REDACTED], his mother and Authorized Representative, and finally, his witness, [REDACTED], a Benefit Technician from Community Living Services. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Coordinator and Family Independence Manager.

**ISSUE**

Did the Department properly deny Petitioner's Medical Assistance (MA) program benefit?

**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 January 26, 2018, the Department issued a Health Care Coverage Determination Notice (HCCDN) informing Petitioner that he was eligible for full coverage MA benefits beginning February 1, 2018, and ongoing.
2. On January 27, 2018, Petitioner and his Authorized Representative submitted a hearing request which stated "I have Down Syndrome. We could not find the original request form."

### **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 has provided an HCCDN showing that Petitioner was approved for full coverage MA benefits on January 26, 2018. On January 27, 2018, Petitioner and his mother/Authorized Representative submitted a hearing request; but as of the hearing date, they did not seem to have a clear understanding of why they submitted a hearing request. Based upon their testimony, someone told them to fill it out or someone filled it out for them.

During the hearing, Petitioner did not dispute the type of coverage or amount of coverage, the only issue was whether or not he had coverage. Petitioner has not had anyone tell him that he did not have MA coverage. At his last appointment with his chiropractor, the chiropractic office indicated that they would process his claim and let him know if he had any financial responsibility. His appointment was about two weeks before the hearing and as of the hearing date, he has not heard from them regarding any payment obligation or lack of MA coverage. As of his request for hearing, Petitioner had not yet visited his chiropractic office.

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 acted in accordance with Department policy when it issued MA benefits to Petitioner.

**DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED**.



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**Amanda M. T. Marler**  
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]  
[REDACTED]

**Authorized Hearing Rep**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
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[REDACTED]