



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

R [REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: January 18, 2019
MAHS Docket No.: 18-012782
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on January 16, 2019, from Lansing, Michigan. Petitioner, [REDACTED] appeared and represented herself. Eligibility Specialist, Carmen Farmer, and Supervisor, Rachel Smith, appeared on behalf of the Department. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. An 11-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) 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. Petitioner is not legally married. Petitioner lives with two children which she claims as dependents. Petitioner received approximately \$ [REDACTED] per month from social security and \$ [REDACTED] per month from a pension. One of Petitioner's children received approximately \$ [REDACTED] per month from social security.
2. Petitioner has Medicare. Petitioner pays a Medicare premium of \$135.50 per month.

3. Petitioner applied for MA from the Department, and the Department initially notified her that she was eligible for full-coverage MA.
4. On October 19, 2018, the Department issued a Health Care Coverage Determination Notice which notified Petitioner that Petitioner and her minor child, Destiny, were not eligible for MA effective November 1, 2018, due to a failure to return requested information.
5. On November 21, 2018, the Department issued a Health Care Coverage Determination Notice which notified Petitioner that (a) Destiny was eligible for full-coverage MA effective November 1, 2018, (b) Petitioner was eligible for MA with an \$806.00 deductible in February 2018, (c) Petitioner was eligible for MA with an \$798.00 deductible in March 2018, (d) Petitioner was eligible for MA with an \$822.00 deductible from April through August 2018, and (e) Petitioner was eligible for MA with an \$830.00 deductible effective November 1, 2018. The Department stated in its Notice that it determined Petitioner's annual income was \$ [REDACTED]
6. On November 26, 2018, Petitioner filed a hearing request to dispute the Department's determination of her MA eligibility.

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.

The Department did not present any evidence to establish that Petitioner failed to return requested information, so the Department did not present any evidence to establish that its October 19, 2018, Health Care Coverage Determination Notice was justified.

The Department properly determined that Petitioner was ineligible for full-coverage MA when the Department issued its November 21, 2018, Health Care Coverage Determination. Petitioner was ineligible for full-coverage MA through the Healthy Michigan program because Petitioner was a Medicare recipient, and MA is only available through Healthy Michigan to individuals who are ineligible for Medicare. Petitioner was also ineligible for full-coverage MA through for the aged or disabled

because Petitioner's income of \$ [REDACTED] per month exceeded the program limit of \$1,031.67. No evidence was presented to establish that Petitioner was eligible for full-coverage MA under any other program. Thus, the Department properly determined that Petitioner was ineligible for full-coverage MA.

However, the Department did not present sufficient evidence to establish that it properly budgeted for Petitioner's MA eligibility when it issued its November 21, 2018, Health Care Coverage Determination Notice. Although the Department presented a copy of its budget, the Department was unable to explain it. The Department was unable to explain the income figure it used, the group size it used, or the protected income limit it used. Upon a review of the budget, it appears the Department used the incorrect group size and income.

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, if any, finds that the Department did not act in accordance with its policies and the applicable law when it determined Petitioner's MA eligibility on October 19, 2018, and November 21, 2018.

IT IS ORDERED the Department's decision is **REVERSED**.

IT IS FURTHER ORDERED that the Department shall initiate a review of Petitioner's eligibility for MA.

JK/nr



Jeffrey Kemm
Administrative Law Judge
for Robert Gordon, 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) 763-0155; 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

Lori Duda
30755 Montpelier Drive
Madison Heights, MI
48071

Oakland 2 County DHHS- via electronic mail

BSC4- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

Authorized Hearing Rep.

Natasha Gangler
3200 Greenfield Ste 300
Dearborn, MI
48120

Petitioner

[REDACTED]
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[REDACTED]