



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

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Date Mailed: April 19, 2019
MAHS Docket No.: 19-002229
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: John Markey

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 17, 2019, from Detroit, Michigan. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by Olivette Gordon, Family Independence Manager. During the hearing, a 10-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-10.

ISSUE

Did the Department properly determine Medicaid (MA) eligibility for Petitioner's child, Riley Dawkins?

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 ██████████, 2018, Petitioner's child, ██████████ (██████████), was born. From birth, ██████████ received MA coverage from the Department.
2. On February 8, 2019, Petitioner provided to the Department a copy of ██████████ Social Security Card, apparently upon request from the Department.
3. On February 20, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that ██████████ was ineligible for

MA benefits, effective April 1, 2019, because Petitioner allegedly failed to verify [REDACTED]'s Social Security Number to the Department. Exhibit A, pp. 4, 8-9.

4. On February 20, 2019, Petitioner again provided the Department with verification of [REDACTED] Social Security information.
5. On [REDACTED] 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's action.

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 objected to a February 20, 2019, Health Care Coverage Determination Notice informing Petitioner that her child, [REDACTED], was ineligible for MA benefits, effective April 1, 2019, as a result of Petitioner's alleged failure to provide the Department with adequate verification of [REDACTED] Social Security Number.

As a condition of eligibility for MA benefits, an individual must supply his or her Social Security Number if he or she has one. BEM 223 (October 2018), p. 1. If the person does not have a Social Security Number, the person must cooperate in obtaining one. BEM 223, p. 1. The requirement to supply a Social Security Number is met once the person provides a Social Security Number. BEM 223, p. 2.

The Department issued the February 20, 2019, Health Care Coverage Determination Notice informing Petitioner that [REDACTED] MA benefits were closing, effective April 1, 2019. The stated reason for the closure was that "[v]erification of Social Security Number (BEM 223) was not returned for [REDACTED]." Exhibit A, p. 8. However, Petitioner, in fact, provided [REDACTED] Social Security Number to the Department multiple times, including at least once before the February 20, 2019, Notice was issued. Clearly, the Department's February 20, 2019, Health Care Coverage Determination Notice must

be reversed with respect to the purported closure of █████ MA benefits, effective April 1, 2019.¹

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 issued the February 20, 2019, Health Care Coverage Determination Notice informing Petitioner that █████ was ineligible for MA benefits, effective April 1, 2019.


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. Redetermine █████ MA eligibility, effective April 1, 2019, ongoing;
2. If any eligibility-related factors remain unclear, inconsistent, or contradictory, issue to Petitioner Verification Checklist(s) that clearly request(s) the information sought pursuant to Department policy; and
3. Accurately notify Petitioner, in writing, of its decisions regarding █████ MA benefits.

JM/cg



John Markey
Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

¹ Of note, at the outset of the hearing, the Department representative, Ms. Gordon, conceded that the February 20, 2019, Health Care Coverage Determination Notice was erroneous. Ms. Gordon indicated that while the Notice stated █████ MA coverage was ending April 1, 2019, █████ MA coverage never closed and is not scheduled to close, at least for any reason related to her Social Security Number. In support of that contention, Ms. Gordon provided Bridges screenshots showing that █████ was continuously covered through at least present day. Exhibit A, pp. 5-7. Ms. Gordon explained that she attempted to have Bridges issue a Notice that accurately conveyed █████ coverage but was unable to do so because of some system error.

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

Via Email:

MDHHS-Wayne-57-Hearings
D. Smith
EQAD
BSC4- Hearing Decisions
MAHS

Petitioner – Via First-Class Mail:

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