



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: August 19, 2019
MOAHR Docket No.: 19-006383
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 24, 2019, from Lansing, Michigan. The Petitioner was represented by his mother [REDACTED] [REDACTED]. Petitioner also appeared and testified. The Department of Health and Human Services (Department) was represented by Amanda Fields Hearing Facilitator. Carrie Taylor, FIS and Leah Bourdo, AP Supervisor appeared and testified for the Department. Department Exhibit 1, pp. 1-15 was received and admitted.

ISSUE

Did the Department properly determine Petitioner's application for Medical Assistance (MA)?

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 active for MA on his mother's case through March 2019.
2. On February 5, 2019, a redetermination notice was sent to Petitioner's mother.
3. On [REDACTED] [REDACTED] 2019, Petitioner applied for MA.
4. On February 19, 2019, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his application was denied because he was active on another case.

5. On March 17, 2019, Petitioner submitted a letter to the Department.
6. On March 18, 2019, a Health Care Coverage Determination Notice was sent to Petitioner's mother informing her that Petitioner's MA would close for failing to return the redetermination.
7. On March 22, 2019, a blank and unsigned redetermination was submitted.
8. On June 6, 2019, Petitioner requested hearing.

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.

TAX FILERS AND NON- TAX FILERS

The household for a tax filer, who is not claimed as a tax dependent, consists of:

- Individual.
- Individual's spouse.
- Tax dependents.

The household for a non-tax filer who is not claimed as a tax dependent, consists of the individual and, if living with the individual:

- Individual's spouse.
- The individual's natural, adopted and stepchildren under the age of 19 or under the age of 21 if a full-time student.
- If the individual is under the age of 19 (or under 21 if a full-time student), the group consists of individual's natural, adopted and stepparents and natural, adoptive and step siblings under the age of 19 (or under 21 if a full-time student).

The household for an individual who is a tax dependent of someone else, consists of:

- The household of the tax filer claiming the individual as a tax dependent, except that the individual's group must be considered as non-filer/non-dependent if:

- The individual is not the spouse or a biological, adopted, or stepchild of the taxpayer claiming them; or
- The individual is under the age of 19 (or under 21 if a full-time student) and expects to be claimed by one parent as a tax dependent and are living with both parents but the parents do not expect to file a joint tax return; or
- The individual is under the age of 19 (or under 21 if a full-time student) and expects to be claimed as a tax dependent by a non-custodial parent BEM 211

In this case, Petitioner was active on his mother's case through March 2019. On [REDACTED] 2019, Petitioner applied for MA in an attempt to receive MA in his own name on his own case. Pursuant to BEM 211, Petitioner was required to be on his mother's case at the time of his MA application in February 2019. Petitioner has subsequently turned 19 and may be eligible for MA on his own case. Petitioner was advised to reapply and request retroactive MA coverage.

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 acted in accordance with Department policy when it denied Petitioner's MA case because he was active on his mother's case. That denial was proper and correct.

DECISION AND ORDER

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

AM/nr



Aaron McClintic
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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

DHHS

Renee Olian
322 Stockbridge
Kalamazoo, MI
49001

Kalamazoo County DHHS- via electronic mail

BSC3- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

Petitioner

[REDACTED]
MI

Authorized Hearing Rep.

[REDACTED]
MI