



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: November 6, 2020
MOAHR Docket No.: 20-005796
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 October 8, 2020, from Lansing, Michigan. The Petitioner was represented by himself and his authorized representative, [REDACTED], from [REDACTED]. The Department of Health and Human Services (Department) was represented by Kristina Warner, Eligibility Specialist.

ISSUE

Did the Department properly determine Petitioner's eligibility 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. On [REDACTED], 2020, Petitioner applied for MA with retro to May 2020 due to an injury that resulted in hospitalization May 30, 2020, through June 2, 2020. Department Exhibit 1, pgs. 5-10.
2. On July 1, 2020, the Department Caseworker sent Petitioner a Healthcare Coverage Determination Notice, DHS-1605, that he was eligible for MA from July 1, 2020 ongoing. Department Exhibit 1, pgs. 11-13.
3. On July 13, 2020, the Department received a Health Care Coverage Supplemental Questionnaire, DHS-1004, with a medical bill. Department Exhibit 1, pgs. 14-19.

4. On September 2, 2020, the Department received a hearing request, contesting the Department's negative action seeking MA retroactive to May and June 2020.
5. On September 3, 2020, the Department processed the retro MA month requested where additional verification of proof of income from employment was requested due September 14, 2020, that was sent to Petitioner and his authorized representative. Department Exhibit 1, pgs. 21-27.

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 applied for MA with retro to May 2020 on [REDACTED], 2020, due to an injury that resulted in hospitalization May 30, 2020, through June 2, 2020. Department Exhibit 1, pgs. 5-10. On July 1, 2020, the Department Caseworker sent Petitioner a Healthcare Coverage Determination Notice, DHS-1605, that he was eligible for MA from July 1, 2020 ongoing. Department Exhibit 1, pgs. 11-13. On July 13, 2020, the Department received a Health Care Coverage Supplemental Questionnaire, DHS-1004, with a medical bill. Department Exhibit 1, pgs. 14-19.

On September 2, 2020, the Department received a hearing request, contesting the Department's negative action seeking MA retroactive to May and June 2020. On September 3, 2020, the Department processed the retro MA month requested where additional verification of proof of income from employment was requested due September 14, 2020, that was sent to Petitioner and his authorized representative. Department Exhibit 1, pgs. 21-27.

During the hearing, the Department testified that Petitioner's retroactive MA application was overlooked. Petitioner was approved for MA for the month of May 2020 but had excess income for June 2020 due to his unemployment benefits of June 5, 2020, of \$774 and June 12, 2020, of \$720. Petitioner was not eligible for a Group 2 MA spend down deductible because he was not disabled or have any children. The Department did not submit any written verification for the month of May 2020 for his approval or June 2020 of his denial for MA nor was a notice sent as required by policy.

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 determined the Petitioner's eligibility for MA.

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. Initiate a redetermination of Petitioner's eligibility for MA retroactive to his MA application dated July 1, 2020.
2. Based on policy, the Department should provide Petitioner and his authorized representative with written notification of the Department's revised eligibility determination.
3. Issue Petitioner any retroactive benefits he may be eligible to receive, if any.

CF/hb



Carmen G. Fahie
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

Jackson County, DHHS

BSC4 via electronic mail

D. Smith via electronic mail

EQADHShearings via electronic mail

Authorized Hearing Rep.

[REDACTED]
[REDACTED]
[REDACTED], MI [REDACTED]

Petitioner

[REDACTED]
[REDACTED], MI [REDACTED]