

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER:



Reg No. 201036694
Issue No. 2012
Case No. [REDACTED]
Load No. [REDACTED]
Hearing Date: August 24, 2010
Otsego County DHS

ADMINISTRATIVE LAW JUDGE: Jana A. Bachman

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on August 24, 2010.

ISSUE

Whether the Department of Human Services (department) acted in compliance with department policy when it determined claimant's eligibility for Medical Assistance (MA) benefits.

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. August 2009, claimant applied for MA and Medicare Savings Program (MSP) benefits. Name on application and identification indicated single last name.
2. On or about January 2009, the department determined claimant to qualify for MSP.
3. July 2009, the department was informed by the Buy-In Unit that claimant had a hyphenated last name. Claimant's Buy-In processing was delayed due to this issue. Department Exhibit A, pg 4.

4. MSP began paying claimant's Medicare premium September 2009.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Department manuals provide the following policy statements and instructions for caseworkers:

Qualified Medicare Beneficiaries:

This is also called full-coverage QMB and just QMB. Program group type is QMB.

Specified Low-Income Medicare Beneficiaries:

This is also called limited-coverage QMB and SLMB. Program group type is SLMB.

Q1 Additional Low-Income Medicare Beneficiaries

QMB pays:

- Medicare premiums, and
 - QMB pays Medicare Part B premiums and Part A premiums for those few people that have them.
- Medicare coinsurances, and
- Medicare deductibles.

SLMB Benefits

SLMB pays Medicare Part B premiums.

ALMB Benefits

ALMB pays Medicare Part B premiums provided funding is available. The Department of Community Health decides whether funding is available.

Bridges Eligibility Manual (BEM) 165
Social Security Act sections:

1902(a)(10)(E)(i) for QMB.
1902(a)(10)(E)(iii) for SLMB.
1902(a)(10)(E)(iv) for ALMB.
1902(r)(2).
1905(a) for retro MA.
1933 for ALMB funding.

JOINT POLICY DEVELOPMENT

Medicaid, Adult Medical Program (AMP) also known as Adult Benefit Waiver (ABW), Transitional Medical Assistance (TMA/TMA-Plus), and Maternity Outpatient Medical Services

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of necessary forms.

Clients must completely and truthfully answer all questions on forms and in interviews.

Bridges Administrative Manual (BAM) 105;
42 CFR 431, 435
MCL 400.60(2)

In this case, claimant applied for MA and provided identification using a single last name. Claimant did not inform the department that she was a recipient of [REDACTED] benefits with a hyphenated last name. The department used the name that claimant supplied at application and so the conflict in names was not discovered nor resolved until some time on or after July 2009. When the issue was resolved, the department promptly began claimant's [REDACTED] payment. Finding of Fact 1-4. At hearing, claimant's representative asserted that the department was in possession of claimant's divorce decree that indicated a hyphenated name and the department should have known that this was the correct name. This assertion is not consistent with department policy (BAM 105). Claimant's representative asserted that claimant was entitled to reimbursement for the period of time when her correct name was being determined. This position is also not consistent with department policy (BEM 165). As such, a preponderance of the evidence establishes that the department properly determined and processed claimant's [REDACTED] benefits. Accordingly, the department's action must be upheld.

DECISION AND ORDER

The Administrative Law Judge based upon the above findings of fact and conclusions of law, decides the Department of Human Services acted in compliance with department policy.

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Accordingly, the department's action is, hereby, UPHELD.

/s/

Jana A. Bachman
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: December 10, 2010

Date Mailed: December 13, 2010

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

JAB/db

cc:

