

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

[REDACTED]

Reg No.: 2011-42433  
Issue No.: 2012  
Case No.: [REDACTED]  
Hearing Date: January 4, 2012  
Macomb County DHS (20)

**ADMINISTRATIVE LAW JUDGE:** Colleen M. Mamelka

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a hearing was held in Warren, Michigan on Wednesday, January 4, 2012. The Claimant appeared and testified. The Claimant was represented by [REDACTED]. [REDACTED] appeared on behalf of the Department of Human Services ("Department").

**ISSUE**

Whether the Department properly processed the Claimant's Medical Assistance ("MA") benefits?

**FINDINGS OF FACT**

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

1. The Claimant is a MA recipient.
2. The Claimant receives \$772.00/month in Retirement Survivor Disability Insurance ("RSDI") Income benefits.
3. In June 2011, the Claimant requested a hearing regarding her MA benefits.

**CONCLUSIONS OF LAW**

As a preliminary matter, the Claimant brought up concerns regarding her case from 2009 and 2010. The regulations governing the hearing and appeal process for

applicants and recipients of public assistance in Michigan are found in the Mich Admin Code, Rules 400.901 - .951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because a claim for assistance is denied or is not acted upon with reasonable promptness, and to any recipient who is aggrieved by an agency action resulting in suspension, reduction, discontinuance, or termination of assistance. MAC R 400.903. A request for hearing shall be in writing and signed by the claimant, petitioner, or authorized representative. MAC R 400.904(1). A claimant shall be provided 90 days from the negative action notice. MAC R 400.902 - .904; BAM 600.

As discussed during the hearing, jurisdiction does not exist for the years 2009 and 2010. The period considered for this decision begins in March 2011.

The Medical Assistance program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations. 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 Bridges Reference Tables ("RFT").

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. BEM 105. Medicaid is also known as Medical Assistance ("MA"). BEM 105. The Medicaid program is comprised of several categories; one category is for FIP recipients while another is for SSI recipients. BEM 105. The Medicare Savings Programs are SSI-related MA Categories. BEM 165. The three Medicare Savings Programs are Qualified Medicare Beneficiaries (also known as full-coverage QMB); Specified Low-Income Medicare Beneficiaries (also referred to as limited coverage QMB); and Additional Low-Income Medicare Beneficiaries (also known as ALMB or Q1). BEM 165.

Income is the major determiner of which category an individual falls under. BEM 165. Effective April 1, 2011, to be eligible for full coverage QMB, income cannot exceed \$908.00; for limited coverage QMB, \$908.00 to \$1,090.00; and for ALMB \$1,090.00 to \$1,226.00. RFT 242. A person who is eligible for one of these categories cannot choose to receive a different Medicare Savings Program category. BEM 165. All eligibility factors must be met in the calendar month being tested. BEM 165. Full coverage QMB pays for Medicare premiums, co-insurances, and deductibles; limited QMB (also known as SLMB) pays Medicare Part B premiums; and ALMB pays Medicare Part B premiums provided funding is available. BEM 165. The Department of Community Health ("DCH") determines whether funding is available. BEM 165. Countable RSDI income is used for the month being tested. BEM 165. For SSI-related MA groups, each person requesting MA is determined separately. BEM 211.

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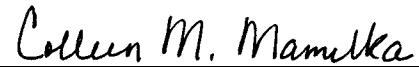
In this case, the Department established that the Claimant has full coverage QMB since November 2009. The Claimant raised the issue of unpaid medical bills. The Department does not authorize the actual payment to medical providers. The Department of Community Health handles the release of Medicaid funds for eligible clients. At this point, there is not a negative action by the Department that the Claimant is aggrieved by. Ultimately, the Department established it acted in accordance with Department policy when it activated full QMB coverage for the Claimant. Accordingly, the Department's determination is AFFIRMED.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds the Department established it acted in accordance with department policy when it determined the Claimant's MA eligibility.

Accordingly, it is ORDERED:

The Department's determination is AFFIRMED.



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Colleen M. Mamelka  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: January 11, 2012

Date Mailed: January 11, 2012

**NOTICE:** Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (60 days for FAP cases)

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.

Claimant may request a rehearing or reconsideration for the following reasons:

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- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
  - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at  
Michigan Administrative Hearings

Re consideration/Rehearing Request  
P. O. Box 30639  
Lansing, Michigan 48909-07322

CMM/cl

cc:

