

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2011-4293
Issue Nos.: 2017, 2019
Case No.: [REDACTED]
Hearing Date: February 7, 2011
DHS County: Wayne (82-17)

ADMINISTRATIVE LAW JUDGE: Jan Leventer

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to Michigan Compiled Laws (MCL) 400.9 and 400.37, and Claimant [REDACTED] request for a hearing. After due notice, a hearing was held in person on February 7, 2011. Claimant appeared and testified. Claimant's Authorized Representative and Interpreter, [REDACTED], appeared and testified on behalf of Claimant. [REDACTED] and [REDACTED], appeared and testified on behalf of the Department of Human Services (DHS).

ISSUE

1. Whether Claimant is eligible for Medical Assistance (MA or Medicaid) and MA benefits for April and May 2010?
2. Whether Claimant is eligible for Food Assistance Program (FAP) benefits?

FINDINGS OF FACT

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

1. On or about November 1, 2003, DHS awarded Medicaid benefits to Claimant as a member of the group "Aged/Disabled Care (AD Care)," or "Group 1 Medical Services."
2. On December 1, 2009, DHS placed Claimant in the MA category, "Group 2-Caretaker Medical Services."

3. As a result, Claimant was required to pay a monthly Patient Pay Amount (spend-down or deductible) in order to receive MA benefits.
4. On November 12, 2009, Claimant filed a hearing request with DHS.
5. On April 27, 2010, the State Office of Administrative Hearings and Rules, in a Decision by Administrative Law Judge Christian Gardocki, affirmed the Department's action of December 1, 2009. ALJ Gardocki decided as follows:

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly reduced Claimant's MA benefits to Medicaid subject to a \$326 deductible.

6. On October 26, 2010, Claimant, through his Authorized Representative, filed a Request for a Hearing with DHS, stating:

The clown of the D.H.S. specialist [REDACTED]. He thinks he knows it all. And he thinks he is above the law. He has no respect to obey all laws. Failed to address the ALJ last hearing and he still not (sic) obeying the law to do his job right. Many times we talked to him to straighten the matter of medical expenses never (sic) been added Medicaid never **always on spenddown still we turned in \$800 he never did nothing (sic)**. This worker thinks DHS is god and can do whatever he wants. Also Director of Human Services letter of complaint has been sent. This idiot needs to stop and do his job right. Approval of all evidence submitted to the Judge. Everything will be turned in.

Thank you. (Emphasis added.)

7. At the hearing on February 7, 2011, Claimant withdrew his complaint regarding Food Assistance Program (FAP) benefits, thus making it unnecessary for the Judge to address this issue.

CONCLUSIONS OF LAW

MA was established by Title XIX of the U.S. Social Security Act and is implemented by Title 42 of the Code of Federal Regulations. DHS administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. DHS' policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables (RFT). These manuals are available online at www.michigan.gov/dhs-manuals.

I have reviewed all of the evidence and testimony in this case as a whole. In particular, I studied Claimant's October 26, 2010, Request for a Hearing in order to understand the issue or issues Claimant is asking me to decide. After careful review of Claimant's

hearing request, I find and conclude that Claimant's complaint is that for one or more months, he reported \$800 worth of medical expenses to DHS, but DHS did not acknowledge that he met his deductible and denied him full MA coverage.

Having reviewed the testimony at the hearing, I find and conclude that Claimant testified he is concerned about April and May 2010. With regard to April 2010, Claimant presented no evidence at the hearing to demonstrate that he paid, or incurred, the \$326 deductible or that in April, he paid \$800. I find and conclude that the same is true for May 2010. In addition, with regard to May 2010, I find and conclude that as of May 2, 2010, he was eligible for and received full Medicaid coverage.

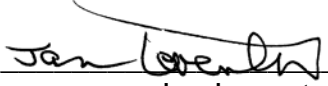
In addition to my examination of the two months Claimant identified, I have reviewed the evidence and testimony in this case as a whole in order to determine if, perhaps, some other month or months are in fact times when DHS failed to credit Claimant with paying his deductible. I find and conclude that for the next five months, June-October 2010, Claimant had full MA coverage. With regard to November and December 2010, Claimant presented no evidence to demonstrate that he met his deductible in either month. Finally, no evidence or testimony was presented by either party in regard to Claimant's January 2011 MA coverage. Therefore, I can only assume that MA coverage for January 2011 is not in issue in this case. Department Exhibit 1, p. 12.

In conclusion, based on the record before me, I find and determine that Claimant failed to prove by clear and convincing evidence that DHS failed to credit him with paying his MA deductible in April and May 2010 or other time period. DHS is therefore AFFIRMED in this case. DHS need take no further action in this matter.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that DHS acted in accordance with policy and procedure in this case. DHS is AFFIRMED. DHS need take no further action in this matter.

IT IS SO ORDERED.



Jan Leventer
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: February 10, 2011

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Date Mailed: February 14, 2011

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 mailing 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.

JL/pf

cc:

