

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

IN THE MATTER OF:

[REDACTED]

Reg No.: 2012-62862
Issue No.: 2018
Case No.: [REDACTED]
Hearing Date: October 3, 2012
Wayne County DHS (18)

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 telephone hearing was conducted from Detroit, Michigan on Wednesday, October 03, 2012. The Claimant failed to appear; however, his Authorized Hearing Representative ("AHR"), [REDACTED] of [REDACTED], Inc., appeared and testified. Participating on behalf of the Department of Human Services ("Department") was [REDACTED] and [REDACTED].

ISSUE

Whether the Department properly denied Medical Assistance ("MA") coverage for the month of December 2011?

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 was an ongoing MA recipient beginning in August 2011. (Exhibit 2)
2. In December 2011, the Claimant was hospitalized. (Exhibit 1)
3. In December 2011, the Claimant's MA coverage was changed to a deductible case.

4. In April 2012, the Department received documentation of the December 2011 hospitalization along with a MA application seeking benefits from January 2012.
5. On June 28, 2012, the Department received a written request for hearing.

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 Bridges Reference Tables (“RFT”).

Deductible is a process which allows a client with excess income to become eligible for Group 2 MA coverage if sufficient allowable medical expenses are incurred. BEM 545 (2011), p. 8. Each calendar month is a separate deductible period. BEM 545, p. 8. Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the deductible for the calendar month tested. BEM 545, p. 9. The group must report expenses by the last day of the third calendar month following the month in which the group wants MA coverage. BEM 545, p. 9.

In this case, the Claimant was an ongoing MA recipient under a deductible program when the Department received another MA application in April 2012. The application (which appears to be incomplete, noting there was no Authorization to Represent in file) requested benefits retroactive to January 2012. The Claimant was hospitalized in December 2011. Pursuant to BEM 545, in order to meet the deductible, the Claimant (or AR) should have reported the expense by March 2012. This was not done. As such, the Department’s denial for MA coverage for the month of December 2011 was correct. The Claimant met the deductible for January 2012. In light of the foregoing, it is found that the Department established it acted in accordance with policy when it denied MA benefits for the month of December 2011 based on the Claimant/ARs failure to report/verify the December 2011 expense by March 2012. The Department’s actions are AFFIRMED.

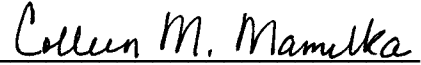
DECISION AND ORDER

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

Accordingly, it is ORDERED:

2012-62862/CMM

The Department's denial of MA benefits for December 2011 is AFFIRMED.



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

Date Signed: October 12, 2012

Date Mailed: October 12, 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:

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

CMM/ctl

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cc:

[REDACTED]

Wayne County DHS (18)

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C.

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