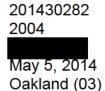
### STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

### IN THE MATTER OF:



Reg. No.:201Issue No(s).:200Case No.:100Hearing Date:MayCounty:Oal



# ADMINISTRATIVE LAW JUDGE: May 5, 2014

# **HEARING DECISION**

Following Claimant'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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, an in-person hearing was held on May 5, 2014, from Madison Heights, Michigan. Participants on behalf of Claimant included for the description of the description of Human Services (Department) included for the department of Human Services (Department) included for the department Worker.

# **ISSUE**

Did the Department properly fail to activate Claimant's Medical Assistance (MA) coverage for July 2013?

# FINDINGS OF FACT

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

- 1. Claimant applied for MA in October 2013, requesting retroactive MA coverage to July 2013.
- 2. On October 18, 2013, the Department sent Claimant a Notice of Case Action approving his Claimant's MA application with retroactive coverage to July 2013 subject to a monthly \$837 deductible.
- 3. On October 23, 2013, the AHR faxed a facility admission notice to the Department which evidenced \$15,022 in medical expenses Claimant incurred during a July 2013 hospitalization.

- 4. Claimant's MA case closed November 2013.
- 5. On January 15, 2014, the AHR filed a request for hearing to prompt the Department to activate coverage for July 2013 and pay the provider the amounts due under the facility admission notice.

#### CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of 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 Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Additionally, the Department acknowledges that Claimant was approved for MA benefits for July 2013 and that his provider was entitled to payment of the hospitalization expenses identified on the facility admission notice submitted to it on October 23, 2013, but testified that its system was unable to activate coverage and make payment because Claimant's MA case closed in November 2013. A client is income eligible for MA when allowable medical expenses equal or exceed the excess income. BEM 545 (July 2013), p. 1. Because Claimant was approved for MA for July 2013 and his July 2013 \$15,000 hospitalization exceeded his \$837 deductible, Claimant was incomeeligible for MA coverage in July 2013.

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 did not act in accordance with Department policy when it failed to activate MA coverage in July 2013 and make payment to Claimant's provider.

# 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. Activate Claimant's MA coverage for July 2013; and

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2. Process Claimant's facility admission notice for the July 2013 hospitalization, and any other medical expenses in July 2013, and pay eligible providers.

Alice C. Elkin

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

Date Signed: May 16, 2014

Date Mailed: May 16, 2014

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

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

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