

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

IN THE MATTER OF:

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Reg. No.: 14-004439
Issue No.: 2003
Case No.: ██████████
Hearing Date: August 28, 2014
County: WAYNE-DISTRICT (31)

ADMINISTRATIVE LAW JUDGE: Eric Feldman

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, a telephone hearing was held on August 28, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant, ██████████ ██████████. Participants on behalf of the Department of Human Services (Department or DHS) included ██████████ Assistant Payment Worker.

ISSUE

Did the Department properly close Claimant's Medical Assistance (MA) and Medicare Savings Program (MSP) benefits effective May 1, 2014, ongoing?

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 was an ongoing recipient of MA and MSP benefits. See Exhibit 2, pp. 1-17.
2. On March 11, 2014, the Department sent Claimant a redetermination, which was due back by April 1, 2014. See Exhibit 1, pp. 3-6.
3. The Department alleged that it did not receive the redetermination; however, Claimant alleged that she submitted the redetermination (with proofs) at the local DHS office on or around the end of March 2014. See Exhibit A, pp. 1-11.
4. On April 19, 2014, the Department sent Claimant a Health Care Coverage Determination Notice notifying her that her MA and MSP benefits would close

effective May 1, 2014, ongoing, due to her failure to submit a redetermination. See Exhibit 1, pp. 7-10.

5. On May 30, 2014, Claimant filed a hearing request, protesting the MA and MSP denial. See Exhibit 1, p. 2.

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.

Preliminary matter

Shortly after commencement of the hearing, Claimant testified that her MA and MSP benefits closed effective April 1, 2014. Claimant's assertion was contrary to the Health Care Coverage Determination Notice, which stated benefits were closed effective May 1, 2014. See Exhibit 1, pp. 7-10. A review of Claimant's Eligibility Summary indicated that she received MA and MSP benefits for April 2014 and that the both programs closed effective May 1, 2014. See Exhibit 2, pp. 1-17. As such, the evidence indicated that Claimant received MA/MSP benefits for April 2014 and therefore, this ALJ will only address Claimant's MA and MSP case closures effective May 1, 2014. See BAM 600 (July 2014), pp. 4-6.

MA and MSP benefits

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 (January 2014), p. 1. Medicaid is also known as Medical Assistance ("MA"). BEM 105, p. 1.

The Medicare Savings Programs are SSI-related MA Categories. BEM 165 (April 2014), p. 1. 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 SLMB); and Additional Low-Income Medicare Beneficiaries (also known as ALMB or Q1). BEM 165, p. 1.

Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (April 2014), p. 6. This includes completion of necessary forms. BAM 105, p. 6.

A complete redetermination is required at least every 12 months. BAM 210 (October 2013), p. 1. For MA cases, benefits stop at the end of the benefit period unless a redetermination is completed and a new benefit period is certified. BAM 210, p. 2.

A redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed. BAM 210, p. 10. When a complete packet is received, the Department records the receipt in its system as soon as administratively possible. BAM 210, p. 10. If the redetermination is submitted through MI Bridges, the receipt of the packet will be automatically recorded. BAM 210, p. 10. For MA cases, benefits are not automatically terminated for failure to record receipt of the redetermination packet. BAM 210, p. 10.

In this case, Claimant was an ongoing recipient of MA and MSP benefits. See Exhibit 2, pp. 1-17. On March 11, 2014, the Department sent Claimant a redetermination, which was due back by April 1, 2014. See Exhibit 1, pp. 3-6. The Department testified that it did not receive the redetermination.

At the hearing, Claimant acknowledged receipt of the redetermination. Moreover, Claimant testified that she attempted to fax the redetermination on or around the end of March 2014; however, the fax was unsuccessful (no fax coverage page provided). Thus, Claimant testified that she subsequently took the redetermination (with proofs) to her local DHS office on or around the end of March 2014. See Exhibit A, pp. 1-11. Claimant provided a copy of her alleged redetermination she submitted with proofs at that time. See Exhibit A, pp. 1-11. Claimant testified that she signed the log book and dropped off the redetermination in the drop box. The Department testified that no record of the fax or drop box (redetermination) could be found after searching for it at the office. The Department testified that it believed that Claimant submitted the redetermination at the local office, but it was unable to locate it. On April 19, 2014, the Department sent Claimant a Health Care Coverage Determination Notice notifying her that her MA and MSP benefits would close effective May 1, 2014, ongoing, due to her failure to submit a redetermination. See Exhibit 1, pp. 7-10.

Based on the foregoing information and evidence, the Department improperly closed Claimant's MA and MSP benefits case effective May 1, 2014, ongoing. Even though the Department alleged that it did not receive the redetermination, the evidence presented that Claimant submitted the documentation at the local DHS office on or around the end of March 2014. Claimant presented credible evidence that she submitted the redetermination before the due date (April 1, 2014) and/or before the benefit period had ended (April 30, 2014). See Exhibit A, pp. 1-11. Because Claimant submitted the redetermination before the due date/benefit period had ended, the Department did not act in accordance with Department policy when it improperly closed

her MA/MSP benefits effective May 1, 2014. BAM 105, p. 6 and BAM 210, pp. 1-2 and 10.


DECISION AND ORDER

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 improperly closed Claimant's MA and MSP benefits effective May 1, 2014.

Accordingly, the Department's MA and MSP 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. Reinstate Claimant's MA and MSP cases as of May 1, 2014;
2. Begin recalculating the MA and MSP budgets for May 1, 2014, in accordance with Department policy;
3. Issue supplements to Claimant for any MA and MSP benefits she was eligible to receive but did not from May 1, 2014; and
4. Notify Claimant in writing of its MA and MSP decisions in accordance with Department policy.


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

Date Signed: **9/2/2014**

Date Mailed: **9/2/2014**

EJF/cl

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, 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

CC:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
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