

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARINGS SYSTEM  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909  
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IN THE MATTER OF:

**Docket No. 14-012002 MSB**

██████████,

Appellant

\_\_\_\_\_ /

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon Appellant's request for a hearing.

After due notice, a hearing was held on ██████████ Appellant's authorized hearing representative appeared on the Appellant's behalf. Appellant was present but did not testify. ██████████, Appeals Review Officer, represented the Department. ██████████, Medicaid Analyst with the Michigan Department of Community Health (MDCH, Department) Customer Service Division appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny payment for Appellant's medical bill for inpatient services from ██████████ through ██████████ while Appellant was enrolled in the Adult Benefit Waiver (ABW) Program?

**FINDINGS OF FACT**

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

1. Appellant is a ██████-year old Medicaid beneficiary, born ██████████ (Exhibit A, p. 4 and testimony).
2. In ██████████, Appellant was enrolled in the Adult Benefit Waiver (ABW) Program. (Exhibit A, pp. 3, 5, 6 and testimony).
3. On ██████████ through ██████████, Appellant incurred expenses for inpatient hospital services. (Exhibit A, pp. 3, 5, 6, and testimony).
4. On ██████████, the Department received a Beneficiary Complaint form from the Appellant dated ██████████ asking that the Department pay a hospital bill for inpatient services the Appellant received

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from ██████████ through ██████████. Appellant said he had his MIhealth Card when he went to the hospital and the insurance did not pay his bill. (Exhibit A, pp. 4-5).

5. On ██████████, the Department sent the Appellant a letter stating because his coverage was under the Adult Benefit Waiver (ABW) Program, Medicaid could not pay the provider because inpatient services were not a covered benefit under the ABW program. See *Medicaid Provider Manual, Adult Benefits Waiver, Section 2 – Coverage and Limitations*, January 1, 2014, p. 4. (Exhibit A, pp. 6-7).
6. On ██████████, Michigan Administrative Hearing System (MAHS) received the Appellant's request for hearing. (Exhibit A, pp. 3-4).

**CONCLUSIONS OF LAW**

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

The Department's witness ██████████ established that the policy setting forth the covered and noncovered services for the Adult Benefit Waiver (ABW) Program is found in the Medicaid Provider Manual. The *Medicaid Provider Manual, Adult Benefits Waiver, Section 2 – Coverage and Limitations*, January 1, 2014, p. 4, states in part that inpatient hospital services are noncovered services under the ABW program. ██████████ acknowledged that Appellant had medical coverage under the ABW for emergency services only that would have covered outpatient services in the ER, but it did not cover the inpatient hospital services he received from ██████████

Appellant and his authorized representative declined to present any testimony at the time of the hearing.

In any event, since the Appellant received inpatient hospital services, which are noncovered services under the ABW program, the Appellant may be personally responsible for payment for the services. See *The Medicaid Provider Manual, Adult Benefits Waiver, Section 1.3 Reimbursement*, January 1, 2014, p. 2.

Based on the above findings of fact and conclusions of law, Appellant has failed to prove, by a preponderance of the evidence that the Department erred in denying payment for inpatient hospital services received by the Appellant ██████████ through ██████████. As such, the Department's actions must be upheld.

**DECISION AND ORDER**

The Department properly denied payment for Appellant's medical bill for inpatient services from 1/11/14 through 1/13/14, while Appellant was enrolled in the Adult Benefit Waiver (ABW) Program.

**IT IS THEREFORE ORDERED** that:

The Department's decision is **AFFIRMED**.

*William D Bond*

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William D. Bond  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: 

Date Mailed: 

WDB/db

cc: 

**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearings System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearings System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant 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 of the rehearing decision.