

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

IN THE MATTER OF:



Reg. No.: 14-014847
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: February 03, 2015
County: Jackson

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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, telephone hearing was held on February 03, 2015, from Lansing , Michigan. Participants on behalf of Claimant included the Claimant's authorized hearings representative [REDACTED] of [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Family Independence Specialist, and [REDACTED], hearing facilitator.

ISSUE

Did the Department properly deny the Claimant's request for Medical Assistance (MA) benefits for November of 2010?

FINDINGS OF FACT

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

1. On November 5, 2010, the Claimant applied for Medical Assistance (MA).
2. On June 13, 2014, the Department made a collateral contact with the Claimant's medical services provider and was informed that the Claimant had no medical expense obligation for November of 2010.
3. On July 23, 2014, the Department notified the Claimant that it had denied Medical Assistance (MA) benefits for November of 2010.
4. On October 15, 2014, the Department received the Claimant's request for a hearing protesting the denial of Medical Assistance (MA) for November of 2010.

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.

Medical Assistance (MA) only eligibility is determined on a calendar month basis. Unless policy specifies otherwise, circumstances that existed, or are expected to exist, during the calendar month being tested are used to determine eligibility for that month. When determining eligibility for a future month, assume circumstances as of the processing date will continue unchanged unless you have information that indicates otherwise. Department of Human Services Bridges Administrative Manual (BAM) 105 (October 1, 2010), p 2.

To be eligible for a retro Medical Assistance (MA) month, the person must:

- Meet all financial and nonfinancial eligibility factors in that month, and
- Have an unpaid medical expense incurred during the month, or
- Have been entitled to Medicare Part A. Department of Human Services Bridges Administrative Manual (BAM) 115 (October 1, 2010), p 10.

A collateral contact is a direct contact with a person, organization or agency to verify information from the client. It might be necessary when documentation is not available or when available evidence needs clarification. Department of Human Services Bridges Administrative Manual (BAM) 130 (October 1, 2010), p 2.


In this case, the Claimant applied for Medical Assistance (MA) for November of 2010. On July 23, 2014, the Department made a collateral contact with the Claimant's medical service provider and was informed that the Claimant did not have any outstanding medical expense obligations for November of 2010. The Department discovered that the medical service provider had written off the expenses as a charity case. On October 15, 2014, the Department notified the Claimant that it had denied Medical Assistance (MA) benefits for November of 2010.

The Claimant's representative testified that the Claimant's medical service provider considers the Claimant's medical expenses for November of 2010, to be an ongoing obligation that it intends to collect. The Claimant's representative failed to provide evidence supporting the medical service provider's intentions or efforts to bill the Claimant.

This Administrative Law Judge finds that the Department presented substantial evidence supporting a finding that the Claimant is not eligible for Medical Assistance (MA) for November of 2010, because there is no ongoing medical expense obligation. 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 acted in accordance with Department policy when it denied Medical Assistance (MA) benefits for November of 2010.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.



Kevin Scully
Administrative Law Judge
for Nick Lyon, Acting DHS Director
Department of Human Services

Date Signed: **2/12/2015**

Date Mailed: **2/12/2015**

KS/las

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:

