

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

IN THE MATTER OF:

████████████████████
████████████████
████████████████████

Reg. No.: 14-017112
Issue No.: 2001; 2002
Case No.: ██████████
Hearing Date: February 26, 2015
County: WAYNE-DISTRICT 35
(REDFORD)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 was held on February 26, 2015 from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Hearing Facilitator.

ISSUE

Due to a failure to comply with the verification requirements, did the Department properly close Claimant's case benefits for Medical Assistance (MA)?

Did the Department fail to process the Claimant's Medicare Savings Program for Qualified Medical Beneficiaries (QMB) for October and November 2014?

FINDINGS OF FACT

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

1. Claimant was an ongoing recipient of Medical Assistance (MA-P) and also received QMB. The Claimant is an ongoing SSI recipient.
2. Claimant was sent a redetermination on July 15, 2014 with a due date of August 1, 2014.
3. The Department sent Claimant a Health Care Coverage Determination Notice dated September 19, 2014. Pursuant to the Notice the Department closed the Claimant's case on October 1, 2014 due to failure to complete a redetermination.
Exhibit B

4. Thereafter at the Department's advice the Claimant reapplied for Medical Assistance on October 1, 2014 and is currently eligible for Medicaid effective October 1, 2014 ongoing.
5. The Department provided an eligibility summary which indicated that the Claimant was approved for AD Care (Medicaid) on October 1, 2014. The Claimant was also approved for QMB effective October 1, 2014.
6. The Claimant has not received her QMB benefits for September and October 2014.
5. On November 12, 2014 the Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.

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), and Department of Human Services Reference Tables Manual (RFT).

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, in this case the Department presented evidence that the Claimant's AD Care Medicaid and QMB benefits were ongoing, even though the Department sent a Health Care Determination Notice to the Claimant closing her Medical Assistance for failure to complete a redetermination effective October 1, 2014. Exhibit B. This Notice had no practical effect because the Claimant reapplied for medical assistance on October 1, 2014 and was approved effective October 1, 2014. Thus, the Claimant had no lapse in coverage. Perhaps confusion arose when the Department sent a notice to Claimant approving HMP rather than full Medicaid based upon AD Care which it later corrected based upon the evidence provided. Exhibit C. The Claimant's hearing request was due to the fact that she did not receive QMB for September and October 2014. Clearly based upon the Department's evidence, the Claimant is entitled to QMB for September 2014 and October 2014 as there was no lapse in her coverage. She testified that those QMB payments have been deducted from her SSI check for those months.

Additionally the Claimant also credibly testified that she timely completed and mailed her redetermination paperwork on July 21, 2014, well before the August 1, 2014 due date. Because the Claimant had no lapse in medical assistance, this issue is not addressed because the redetermination is no longer an issue as there is no lapse in Claimant's Medicaid coverage or QMB coverage. Based upon the Department's evidence that there was no lapse in coverage, the Department must process Claimant's QMB payments for Claimant's Medicare Part B premiums which have not been paid for September 2014 and October 2014. BEM 165 (1/1/15) pp. 1-2. Exhibit C.

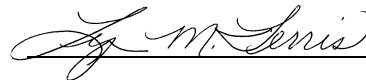
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it did not process the Claimant's QMB for September and October 2014.

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. The Department shall process the Claimant's QMB payments for September and October 2014.
2. The Department shall issue a supplement to the Claimant for MSP (QMB) for September and October 2014.



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **3/25/2015**

Date Mailed: **3/25/2015**

LMF / 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 48909-8139

CC:

[REDACTED]