

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 2014 14954  
Issue No(s): 2001  
Case No.: ██████████  
Hearing Date: February 3, 2014  
County: Oakland (02)

**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, a telephone hearing was held on February 3, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant, ██████████, the Claimant's Authorized Hearing Representative, also appeared. Participants on behalf of the Department of Human Services (Department) included ██████████, ES.

**ISSUE**

Did the Department properly determine that the Claimant was eligible for Medical Assistance with no deductible?

Did the Department properly determine that the Claimant was eligible for AD Care and did it pay the Claimant's Part B medical insurance premium?

**FINDINGS OF FACT**

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

1. The Department recalculated the Claimant's medical assistance and determined that the Claimant was eligible for Medicaid with no deductible for the months of June, July and August 2013 ongoing. Exhibit 3
2. The Claimant is an ongoing recipient of RSDI in the amount of \$872 monthly and has earned income also. Exhibit

**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 the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

Additionally, at the hearing it was determined that the Claimant had ongoing full Medicaid for the months of June, July and August 2013 which is also ongoing. Neither the Department nor the Claimant presented evidence as to whether the Medicaid Part B premium was being reimbursed for those months. The Part B premium should have been reimbursed based upon the coverage provided. It is also noted that the Claimant and her AHR can advise the Department as to whether the Part B premium has been deducted from her RSDI for the period in question.

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 determined the the Claimant was eligiblie for medicaid without a deductible.

failed to satisfy its burden of showing that it acted in accordance with Department policy when it did not present evidence as to whether the Part B insurance premium was paid.

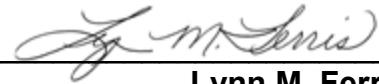
**DECISION AND ORDER**

Accordingly, the Department's decision is

AFFIRMED IN PART with respect to the calculation of the Claimant's medical assistance eligibility for full Medicaid and REVERSED IN PART with respect to whether the Department reimbursed the Claimant for her Medicaid Part B premium for the months of June, July and August, 2013.

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 seek assistance from the Buy In Unit of DHS to determine whether the Claimant's Part B Medicaid premium was paid for her. If the Department determines that the Part B premium was not paid by the Department as part of the Claimant's full Medicaid coverage, it shall initiate a help desk ticket so that reimbursement of the Part B premium can be made by the Department in accordance with Department policy.



**Lynn M. Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: February 24, 2014

Date Mailed: February 24, 2014

**NOTICE OF APPEAL:** The claimant 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

2014-14954/LMF

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

LMF/cl

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]