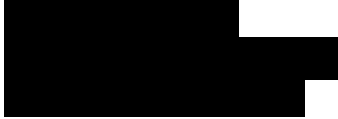


**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:



Reg. No.: 201432480
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: April 21, 2014
County: Wayne (17)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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 April 21, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly process Claimant's eligibility for Medicare Saving Program (MSP) benefits?

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.
2. On March 3, 2014, the Department notified Claimant that he was denied MSP coverage under the Additional Low-Income Medicare Beneficiaries (ALMB) program for January 2014 but was approved for MSP coverage under the Qualified Medicare Beneficiaries (QMB) program effective February 1, 2014 ongoing.
3. On March 11, 2014, Claimant filed a request for hearing tied to the March 3, 2014 Notice of Case 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), 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, Claimant's request for hearing was tied into the March 3, 2014, Notice of Case Action which notified Claimant of his eligibility for benefits under the MSP program. The hearing addressed this issue.

There are three categories of MSP coverage: (1) QMB, which pays for a client's Medicare premiums (both Part A and Part B), Medicare coinsurances and Medicare deductibles; (2) Specified Low-Income Medicare Beneficiaries (SLMB), which pays for a client's Medicare Part B premiums; and (3) ALMB, which pays for a client's Medicare Part B premiums when funding is available from the Department of Community Health (DCH). BEM 165 (April 2014), pp. 1-2.

In this case, the Department notified Claimant that he was denied MSP coverage under the ALMB program for January 2014 but was approved for MSP coverage under the QMB program for February 1, 2014 ongoing. The eligibility summary provided by the Department shows that, consistent with the Notice of Case Action, Claimant has QMB coverage from February 2014 ongoing. The QMB program provides the most favorable coverage under the MSP program.

The remainder of this Hearing Decision considers Claimant's eligibility for MSP benefits for January 2014 and other retro months. From the eligibility summary it appears that Claimant applied for MSP coverage in January 2014. QMB coverage for eligible clients begins the calendar month *after* the processing month, with the processing month being the month during which an eligibility determination is made. BEM 165, p. 3. Because the Department approved Claimant for coverage beginning February 1, 2014, the month after application, the Department acted in accordance with Department policy when it approved Claimant for QMB coverage for February 1, 2014 ongoing and did not consider his QMB eligibility for January 2014.


With respect to January 2014 MSP coverage, the March 3, 2014 Notice of Case Action provides that ALMB coverage was not available for the month because Claimant had full MA coverage. Department policy provides that a person is not eligible for ALMB if the person is eligible for and receiving MA under another category. BEM 165, p. 6. In this case, Claimant received full-coverage MA under the AD-Care program in January

2014. Therefore, Claimant was not eligible for ALMB coverage for January 2014. Furthermore, while ALMB coverage is available for retro MA months, it is not available for any months in the previous calendar year. BEM 165, p. 6. Therefore, ALMB benefits were not available to Claimant for any months in 2013. Also, while SLMB is available for retro months, it is available only for those months in which income exceeds the QMB limit. The QMB income limit is the same as that for AD-Care eligibility. See RFT 242 (April 2014), p. 1. Because Claimant was income eligible for full-coverage MA under the AD-Care program, his income would make him ineligible for SLMB coverage for any retro months. Therefore, the Department acted in accordance with Department policy when it concluded that Claimant was not eligible for MSP benefits for January 2014.

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 Claimant's MSP eligibility.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.


Alice C. Elkin
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 30, 2014

Date Mailed: April 30, 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.

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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

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

ACE/tlf

cc:

