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

IN THE MATTER OF:



Reg. No.: Issue No.: Case No.: Hearing Date: County:

14-014988 2001

February 05, 2015 Wayne-District 19

ADMINISTRATIVE LAW JUDGE: Zainab Baydoun

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 three way telephone hearing was held on February 5, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant's Authorized Hearing Representative (AHR), ______, from ______, ____. Participants on behalf of the Department of Human Services (Department) included _______, Family Independence Manager.

ISSUE

Did the Department properly process Claimant's Medical Assistance (MA) 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 benefits under a deductible based program.
- 2. On April 2, 2014, submitted a facility admission notice and hospital bills concerning Claimant's inpatient hospitalization from January 30, 2014, to February 5, 2014 in order to verify that Claimant had incurred sufficient expenses to meet his deductible. (Exhibit A, pp. 4-11)
- 3. The Department activated Claimant's MA coverage beginning February 5, 2014.
- 4. On October 14, 2014, filed a hearing request on Claimant's behalf disputing the Department's actions.

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.

Additionally, deductible is a process which allows a client with excess income to become eligible for Group 2 MA if sufficient allowable medical expenses are incurred. Each calendar month is a separate deductible period. BEM 545 (July 2013), p. 10. To meet a deductible, a MA client must report and verify allowable medical expenses that equal or exceed the deductible amount for the calendar month being tested by the last day of the third month following the month in which client wants MA coverage. BEM 545, p. 11. The Department is to add periods of MA coverage each time the group meets its deductible and each calendar month is a separate deductible period. BEM 545, pp.10-11.

With respect to inpatient hospitalizations, the Department will determine each qualified fiscal group member's allowable hospital expenses for the month. If expenses incurred by one qualified fiscal group member for one admission equal or exceed the excess income, income eligibility exists for the entire month. BEM 545, pp. 1-2,4.

In this case, the Department and Claimant's AHR both agreed that verification of Claimant's inpatient hospitalization from January 30, 2014, to February 5, 2014, was timely submitted to the Department and that the bills were sufficient to show that Claimant had met his deductible for that period. The Department testified that rather than MA coverage being activated for the entire months of January 2014 and February 2014, the Department incorrectly inputted the information and that the Claimant's MA coverage was put on the system with an effective date of February 5, 2014. At the hearing, the Department testified that a help desk ticket (ticket number **Section**) was requested to assist the Department in resolving the issue. Claimant's AHR asserted that because this was an inpatient hospitalization, Claimant should have been eligible for MA coverage for the entire months of January 2014 and February 2014 and a patient pay amount should have been determined. The Department was in agreement with stepsimony.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it processed Claimant's MA benefits.

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:

- Process any medical expenses incurred and apply them towards Claimant's MA 1. deductible for January 2014 and February 2014;
- Activate Claimant's MA coverage for the months of January 2014 and February 2. 2014, in accordance with Department policy; and
- 3. Notify Claimant and for of its decision in writing.

Zamab Raydown Zainab Baydown Taw Judge

for Nick Lyon, Interim Director Department of Human Services

Date Signed: 3/6/2015

Date Mailed: 3/6/2015

ZB / tlf

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:		