

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

**IN THE MATTER OF:**

██████████  
██  
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Reg. No.: 15-000601  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: March 12, 2015  
County: WAYNE-17

**ADMINISTRATIVE LAW JUDGE: Robert J. Chavez**

**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 March 12, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Interpreter ██████████ and ██████████. Participants on behalf of the Department of Human Services (Department) included ██████████ Eligibility Specialist.

**ISSUE**

1. Did the Department properly close Claimant's Medical Assistance (MA) AD-Care benefits?
2. Did the Department properly deny Claimant's application for Medicare Cost Share 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 a recipient of MA benefits under the AD-Care program.
2. Claimant applied for Medicare Cost Share program benefits on November 7, 2014.
3. On November 1, 2014, Claimant's MA benefits under the AD-Care program closed.
4. On November 7, 2014, Claimant was sent a notice of case action closing the AD-Care benefits as of November 1, 2014.

5. On January 7, 2015, Claimant's application for Medicare Cost Share program benefits was denied.
6. No evidence was submitted by the Department to support the closure or denial of either of these programs.
7. After the closure of Claimant's AD-Care benefits, Claimant was placed on the Healthy Michigan Plan (HMP); HMP was subsequently closed and Claimant was placed on Group 2 Caretaker MA with a deductible of \$267.
8. On January 13, 2015, Claimant requested a hearing.

### **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.

At no point during the testimony portion of the hearing could the Department adequately explain why Claimant's AD-Care benefits closed. The Department ventured at one point that Claimant was income ineligible for the AD-Care program; however, the Department submitted a budget for October, 2014 which showed Claimant clearly meeting the income requirements for the AD-Care program. Furthermore, Claimant's income, as provided by the Department during the hearing still appears to fall within the guidelines for the AD-Care program.

Furthermore, no budgets were provided to show that Claimant was actually income ineligible for the AD-Care program, nor was any other evidence provided to show that the AD-Care benefits were properly closed.

Additionally, Claimant's application for the Medicare Cost Share program benefits was ostensibly denied for failing to return verification; however, at no point was the Department able to provide evidence as to what verification was needed, when verification requests were made, or what Claimant failed to return.

Therefore, as the Department has failed to meet even the minimum evidentiary requirements to show that Claimant's AD-Care benefits were closed properly, and that Claimant's Medicare Cost Share program application was properly denied, the undersigned must rule that the Department has failed to show by a preponderance of the evidence that its actions in Claimant's case were proper.

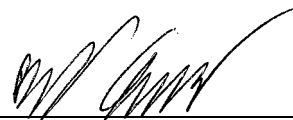
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Claimant's MA AD-Care benefits and denied Claimant's Medicare Cost Share program application.

### **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. Reinstate Claimant's MA AD-Care benefits retroactive to the date of negative action, November 1, 2014.
2. Reregister and reprocess Claimant's November 7, 2014 application for the Medicare Cost Share program.



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**Robert J. Chavez**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **3/27/2015**

Date Mailed: **3/27/2015**

RJC / tm

**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]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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