

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

**IN THE MATTER OF:**

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

Reg. No.: 15-007011  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: June 08, 2015  
County: WAYNE-DISTRICT 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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on June 8, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████, and ██████████ ██████████, Claimant's interpreter. Participants on behalf of the Department of Health and Human Services (Department) included ██████████ Assistance Payments Worker.

**ISSUE**

Did the Department properly transfer Claimant to Emergency Services Only (ESO) Medical Assistance (MA) benefits for the month of March, 2015?

**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 full Medical Assistance (MA) benefits.
2. On March 1, 2015, Claimant was transferred to the ESO MA program.
3. On April 1, 2015, Claimant was once again given full MA benefits.
4. On April 27, 2015, Claimant requested a hearing.

**CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference

Tables Manual (RFT), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Department Exhibit 3 clearly shows that Claimant was transferred to ESO MA on March 1, 2015. No explanation was given for this transfer, nor was any evidence presented that this transfer was done according to policy. Furthermore, given that Claimant was a full MA benefit recipient during the time period preceding this transfer, and given that Claimant was full MA benefit recipient in the time period after this transfer, the undersigned can think of no logical explanation as to why Claimant was only eligible for ESO benefits during this month.

Claimant incurred medical bills during March 2015 that were not paid due to the transfer to ESO MA.

Therefore, given that Claimant had a reduction in MA benefits during the month of March, 2015, and given that no explanation or evidence has been provided supporting this reduction in benefits, the undersigned holds that the transfer to ESO MA during the month of 2015 was incorrect.

Finally, it should be noted that the Department alleged that Claimant's hearing request was untimely. However, given that Claimant's hearing request was made on April 27, 2015, and specifically addressed the transfer to ESO MA, and given that the transfer to ESO MA happened on March 1, 2015, the undersigned does not quite understand this allegation, as Claimant's hearing request is well within the 90 standard of promptness given by BAM 600.

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 transferred Claimant to ESO MA in March, 2015.

### **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. Activate full MA coverage for the Claimant for the month of March, 2015.
2. Allow for submission of incurred medical expenses for the month of March, 2015.



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

Date Signed: **6/26/2015**

Date Mailed: **6/26/2015**

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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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]