

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

IN THE MATTER OF:

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Reg. No.: 15-013416
Issue No.: 2001
Case No.: ██████████
Hearing Date: September 23, 2015
County: Macomb-District 12

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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was commenced on September 23, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Hearing Facilitator.

ISSUE

Did the Department properly close Claimant's Medical Assistance (MA) case effective July 1, 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 applied for MA on May 27, 2015.
2. On May 27, 2015, the Department sent Claimant a Health Care Coverage Determination Notice notifying her that she was approved for MA (Exhibit F).
3. On June 1, 2015, the Department sent Claimant a Health Care Coverage Determination Notice notifying her that her case was closing effective July 1, 2015 (Exhibit A).
4. On July 20, 2015, Claimant filed a request for hearing disputing the Department's actions (Exhibit B).

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.

Claimant requested a hearing on July 20, 2015 to dispute the Department's closure of her Medical Assistance (MA) case (Exhibit B). At the hearing, the Department explained that Claimant had applied for MA on May 27, 2015 and was approved under the Healthy Michigan Program (HMP) (Exhibit F). Afterwards, the Department became aware that Claimant, as a recipient of Medicare benefits, was not eligible for HMP and sent her a June 1, 2015 Health Care Coverage Determination Notice notifying her that her MA case was closing effective July 1, 2015 (Exhibit A).

As a Medicare recipient, Claimant is not eligible for MA coverage under the HMP program. Michigan Department of Community Health, Medicaid Provider Manual, Healthy Michigan Plan, § 1.1, *available at* <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>. Therefore, the Department properly closed Claimant's MA case under the HMP category.

However, before closing a Claimant's MA case, the Department must conduct an ex parte review to determine whether the client is eligible for MA under any other category. BEM 105, p. 5. A client is eligible for the most beneficial MA category, which is the one that results in eligibility or the least amount of excess income. BEM 105 (October 2014), p. 2.

In this case, Claimant, who receives Retirement, Survivors and Disability Insurance (RSDI) benefits based on a disability, is eligible for MA under SSI-related categories. BEM 105, pp. 1, 4. The Department acknowledges that it did not act in accordance with Department policy when it failed to consider Claimant's MA eligibility for other categories after it closed her HMP case. However, when the Department received Claimant's July 20, 2015 hearing request, it realized its error, reprocessed her MA eligibility, and determined that she was eligible for MA under a Group 2 SSI-related (G2S) category with a monthly deductible of \$923. The Department sent Claimant a July 28, 2015 Health Care Coverage Determination Notice notifying her that she was

eligible for MA subject to the \$923 monthly deductible effective July 1, 2015 (Exhibit D, p. 9; Exhibit E). By reprocessing Claimant's eligibility and providing Claimant with ongoing, uninterrupted MA coverage, the Department resolved its error in failing to conduct the ex parte review.

Because the Department's July 28, 2015 Health Care Coverage Determination Notice was issued after Claimant filed her July 20, 2015 request for hearing, the issue of the MA coverage provided to Claimant is not properly presented for hearing. Claimant is advised that if she disputes the coverage or the calculation of the MA deductible, she may request a hearing in accordance with Department policy.

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 closed Claimant's HMP case and reprocessed Claimant's MA eligibility.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **10/01/2015**

Date Mailed: **10/01/2015**

ACE / 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 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]
[REDACTED]