

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-002760
Issue No.: 2001, 3000
Case No.: [REDACTED]
Hearing Date: April 27, 2015
County: Wayne (55)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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, an in-person hearing was held on April 27, 2015, from Hamtramck, Michigan. Participants included the above-named Claimant. [REDACTED]

[REDACTED] appeared as Claimant's legal counsel. Participants on behalf of the Department of Health and Human Services (DHHS) included [REDACTED], hearing facilitator.

ISSUE

The issue is whether DHHS resolved Claimant's dispute concerning Medical Assistance (MA) eligibility for her children.

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 MA recipient, which included Medicare Savings Program (MSP) coverage.
2. Claimant's child and spouse were also ongoing MA recipients.
3. On an unspecified date, DHHS took unspecified actions resulting in termination of Claimant's and her family's MA eligibility.
4. On [REDACTED], Claimant requested a hearing to dispute lapses in MA coverage since December 2014, and a termination of Food Assistance Program (FAP) eligibility.

5. DHHS reinstated Claimant's and her family's Medicaid coverage and Claimant's MSP coverage since February 2015, as well as Claimant's FAP eligibility.

CONCLUSIONS OF LAW

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. DHHS (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011. DHHS policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

Claimant requested a hearing, in part, to dispute a termination of FAP eligibility. Claimant testimony conceded that DHHS has since satisfactorily resolved her dispute. Claimant agreed to the dismissal of her hearing request for FAP benefits as she has no ongoing dispute concerning FAP benefits.

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. DHHS (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. DHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Claimant requested a hearing, in part, to dispute various problems with her and her family's MA coverage. Claimant testified that she was uncertain of the status of her family's MA benefits. Claimant testified that she knows that DHHS adversely affected her MSP eligibility because her Social Security Administration income was reduced by the amount of a Medicare premium. Claimant sought reassurance that DHHS reinstated her family's MA eligibility since December 2014.

DHHS testimony indicated that multiple case numbers were created for Claimant. DHHS testimony also indicated that the multiple case numbers may have caused benefit lapses. DHHS conceded that any benefit lapses were improper. DHHS alleged that any lapses in Claimant's MA eligibility were resolved.

DHHS presented Medicaid Eligibility (Exhibits 8-13) documents for Claimant, her spouse, and her child. The documents verified that Claimant and her family received "Full Medicaid Coverage" for at least each benefit month since December 2014. This evidence verified that DHHS resolved Claimant's dispute concerning Medicaid for herself and family. Claimant still disputed her MSP eligibility.

MSP programs offer three different degrees of assistance with payment toward a client's Medicare premium and deductibles. BEM 165 (April 2014), p. 1. Qualified Medicare Beneficiaries (QMB) coverage pays for a client's Medicare premiums, coinsurances, and deductibles. *Id.* Specified Low Income Beneficiaries (SLMB) coverage pays for a client's Medicare Part B premium. *Id.* Additional Low Income Beneficiaries (ALMB) coverage pays for a client's Medicare Part B premium if DHHS funding is available. *Id.* Income is the major determiner of category. *Id.*

DHHS presented a MA – EDG Summary (Exhibit 3) for Claimant's MSP eligibility. The document stated that Claimant had "Full-Coverage QMB" with a begin date of [REDACTED]. The document sufficiently verified that Claimant had MSP eligibility since February 2015. The only remaining dispute is Claimant's MSP eligibility for December 2014 and January 2015.

DHHS presented an Eligibility Summary (Exhibits 1-2). The documents listed "no change" in QMB eligibility for Claimant for the benefit months of December 2014 and January 2015. The document also listed a certification date of [REDACTED] for each of the benefit months; this tended to establish that DHHS recently certified Claimant's eligibility. DHHS testimony indicated that this was the best available evidence that Claimant's MSP eligibility was approved.

Claimant's AHR responded that "no change" in benefits was not adequate proof of approval. Claimant's AHR noted that the Eligibility Summary did not state what the status of Claimant's MSP eligibility was before December 2014; thus, "no change" could mean unchanged from a previous denial of benefits.

Claimant's AHR also expressed concern that DHHS did not provide documentation of resolution before the hearing. The point being that Claimant's AHR was not provided ample time to research the significance of the documentation. Both of Claimant's AHR's arguments were persuasive.

It is possible that DHHS resolved Claimant's MSP eligibility for December 2014 and January 2015. Based on presented evidence, it cannot be found that DHHS did. Accordingly, DHHS will be ordered to reinstate Claimant's MSP eligibility.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHHS resolved Claimant's dispute concerning FAP eligibility, Medicaid eligibility since December 2014, and MSP eligibility since February 2015. Claimant's hearing request is **PARTIALLY DISMISSED**.

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHHS improperly terminated Claimant's MSP eligibility for December 2014 and January 2015. It is ordered that DHHS reinstate Claimant's MSP eligibility for December 2014 and January 2015. The actions taken by DHHS are **REVERSED**.



Christian Gardocki
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **4/29/2015**

Date Mailed: **4/29/2015**

CG / hw

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:

