



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: November 3, 2016
MAHS Docket No.: 16-012470
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

HEARING DECISION

Following Petitioner'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 October 5, 2016, from Detroit, Michigan. The Petitioner was represented by Petitioner. The Department of Health and Human Services (Department) was represented by [REDACTED] [REDACTED] Hearing Facilitator and [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly close Petitioner's Medicare Cost Savings Program effective [REDACTED]?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner was a recipient of the Medicare Cost Savings Program.
2. On [REDACTED] Department sent Petitioner a Redetermination which was required to be completed and returned by [REDACTED].
3. Petitioner failed to return the Redetermination.

4. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice which informed Petitioner that her benefits would close effective [REDACTED].
5. On [REDACTED], Petitioner filed a Request for Hearing disputing the Department actions.

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, Petitioner acknowledged receipt of the Redetermination. Petitioner testified that she contacted her assigned worker to request an extension. However, Petitioner indicated that upon talking with her assigned worker, she was left with the impression that she did not have to return the form. Petitioner testified that she described the form to the Department and was told that she did not need to return the document because it pertained to the Social Security Administration.

Petitioner's assigned worker, [REDACTED], testified that she would not have instructed Petitioner to return a State of Michigan Redetermination. However, [REDACTED] acknowledged that if Petitioner had inquired as to whether she needed to return documents associated with Social Security, she would have instructed her not to submit that document.

The benefits in questions pertain to the Medicare Cost Savings Program. Although this is a benefit provided by the State of Michigan, it is associated with Social Security. If Petitioner referenced Social Security during the telephone and the worker was unaware that she was actually referring to the Redetermination, it is possible that Petitioner's assigned worker could have instructed her not to return the form. Petitioner received the Redetermination and testified that she would have returned the form if required.

Under Department policy, Ensure client rights described in this item are honored and that client responsibilities are explained in understandable terms. BAM 105 (April 2016),

p. 13. Although likely not the fault of Petitioner's assigned worker, the information communicated to Petitioner were not in terms that she understood. As such, it is found that the Department improperly closed Petitioner's Medicare Cost Share effective [REDACTED]

DECISION AND ORDER

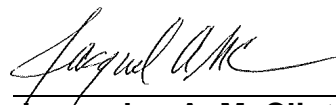
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it closed Petitioner's Medical Cost Share effective [REDACTED] for failure to return the Redetermination.

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 Petitioner's Medicare Cost Share effective [REDACTED];
2. Issue supplements to Petitioner that she was eligible to receive but did not effective [REDACTED]; and
3. Notify Petitioner of its decision in writing.

JM/hw



Jacquelyn A. McClinton

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

DHHS

[REDACTED]

[REDACTED]

Petitioner

[REDACTED]