



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: [REDACTED] July 18, 2017  
MAHS Docket No.: 17-005883  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Carmen G. Fahie

### **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; 42 CFR 438.400 to 438.424; 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 [REDACTED], from [REDACTED], Michigan. Petitioner was represented by his mother and Authorized Representative, [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist; and [REDACTED], Assistance Payments Supervisor.

### **ISSUE**

Did the Department properly determine the Petitioner's eligibility for the Medical Cost Sharing (MCS) program?

### **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 MCS under his mother's case of # [REDACTED] from [REDACTED], through [REDACTED].
2. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action.
3. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1606, that he was eligible for MA and MCS from [REDACTED], ongoing. Department Exhibit 1, pgs. 10-13.

4. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1606, with comments from his Department Specialist that due to a system technical error that Petitioner's MCS on case # [REDACTED] was ended with benefits re-opened on case # [REDACTED]. There will be no gaps for Petitioner on MCS that will start in the month of [REDACTED], ongoing. Department Exhibit 1, pgs. 14-18.
5. On [REDACTED], Petitioner became active on his own case of # [REDACTED] for MCS. Department Exhibit 1, pg. 19.

### **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 was a recipient of MCS under his mother's case of # [REDACTED] from [REDACTED], through [REDACTED]. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1606, that he was eligible for MA and MCS from [REDACTED], ongoing. Department Exhibit 1, pgs. 10-13. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1606, with comments from his Department Specialist that due to a system technical error that Petitioner's MCS on case # [REDACTED] was ended with benefits re-opened on case # [REDACTED]. There will be no gaps for Petitioner on MCS that will start in [REDACTED], ongoing. Department Exhibit 1, pgs. 14-18. On [REDACTED], Petitioner became active on his own case of # [REDACTED] for MCS. Department Exhibit 1, pg. 19. BAM 220. BEM 222.

During the hearing, the Department Caseworker stated that the MA Buy-In Unit has been contacted to get Petitioner a refund of MCS payments paid due to Department error. Petitioner is eligible to be reimbursed from November of 2016, through [REDACTED]. The State of Michigan paid MCS beginning [REDACTED], ongoing.

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 Petitioner had to pay his MCS premium for the months of [REDACTED], through [REDACTED], due to Department error.

**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 of initiating that the Buy-In Unit will reimburse the Petitioner for MCS premiums paid from [REDACTED], through [REDACTED], due to Department error.

Based on policy, the Department should provide the Petitioner with written notification of the Department's revised eligibility determination and issue the Petitioner any retroactive benefits she/he may be eligible to receive, if any.

CF/bb



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**Carmen G. Fahie**  
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]

**Authorized Hearing Rep.**

[REDACTED]

**Petitioner**

[REDACTED]