



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

ORLENE HAWKS  
DIRECTOR

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██████████ MI ██████████

Date Mailed: January 3, 2019  
MAHS Docket No.: 18-010689  
Agency No.: ██████████  
Petitioner: ██████████ ██████████

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

**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 December 6, 2018, from Lansing, Michigan. The Petitioner was represented by ██████████ ██████████. The Petitioner ██████████ ██████████ also appeared at the hearing. The Department of Health and Human Services (Department) was represented by Brad Reno Hearing Facilitator. Department Exhibit 1, pp. 1-29 and Exhibit 2, pp. 1-17 were received and admitted.

**ISSUE**

Did the Department properly determine Petitioner's Medicare Cost Share benefit?

**FINDINGS OF FACT**

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

1. On March ██████████, redetermination forms were sent to Petitioner. (Ex. 1, pp. 7-14)
2. On May ██████████, a Health Care Coverage Determination Notice was sent to Petitioner informing him that Medicare Cost Share was closing for failing to return verifications. (Ex.1, pp. 16-19)
3. On July ██████████, Petitioner's son ██████████ ██████████ filed an application and included Petitioner on the application.
4. On August ██████████, Petitioner reapplied for Medicare Cost Share.

5. On August [REDACTED] a Health Care Coverage Determination Notice was sent to Petitioner informing her that Medicare Cost Share was approved for September 1, [REDACTED] and ongoing. (Ex.1, pp. 23-26)
6. On October [REDACTED], Petitioner requested hearing disputing the start date of Medicare Cost Share. (Ex.1, p. 5)

### **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.

#### **Separate Medicare Savings Programs Determination**

Complete a Medicare Savings Program determination for the following clients if they are entitled to Medicare Part A:

- Medicare Savings Programs-only.
- Group 2 MA (FIP-related and SSI-related).
- Extended Care (BEM 164).
- Healthy Kids. BEM 165

In this case, Petitioner testified that he attempted to add his mother to his case at the end of June also. Insufficient proof was presented that Petitioner attempted to add his mother in June [REDACTED]. Petitioner's son filed an application on July [REDACTED] and included Petitioner on the application. The Department should have denied Medicare Cost Share coverage for Petitioner on her son's application and informed Petitioner's son that a separate application needed to be filed for Petitioner because she was in a different tax group or they should have separated the application and considered Petitioner's eligibility for Medicare Cost Share. BEM 165

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 processed [REDACTED] [REDACTED] July [REDACTED] application.

The Department's processing of Petitioner's August [REDACTED], application was proper and correct.

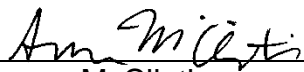
**DECISION AND ORDER**

Accordingly, the Department's decision **AFFIRMED IN PART** with respect to the August [REDACTED], application and **REVERSED IN PART** with respect to the July [REDACTED] application.

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 and reprocess the July [REDACTED] application as it pertains to Petitioner's Medicare Cost Share application.
2. Award benefits if Petitioner is found eligible.

AM/nr

  
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Aaron McClintic  
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) 763-0155; 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**

Lindsay Miller  
125 E. Union St 7th Floor  
Flint, MI  
48502

Genesee Union St. County DHHS- via  
electronic mail

BSC2- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED] MI  
[REDACTED]

**Authorized Hearing Rep.**

[REDACTED]  
[REDACTED]  
[REDACTED], MI  
[REDACTED]