



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
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[REDACTED]
MI [REDACTED]

Date Mailed: March 12, 2019
MAHS Docket No.: 18-012411
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

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, an in-person hearing was held on March 7, 2019, in Genesee County, Michigan. The Petitioner was represented by [REDACTED] her authorized representative.

The Department of Health and Human Services (Department) was represented by Eligibility Specialist Shantel Wilbon and Hearing Facilitator Gregory Folsom. Ms. Wilbon and Mr. Folsom testified on behalf of the Department. The Department submitted 65 exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

ISSUE

Whether the Department properly determined Petitioner's Medicaid benefits for August 2018?

FINDINGS OF FACT

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

1. On [REDACTED] 2018, Petitioner applied for Medicaid. [Dept. Exh. 3-13].
2. On September 11, 2018, the Department mailed Petitioner a Verification Checklist, with proofs due by September 21, 2018. [Dept. Exh. 14-15].

3. On October 10, 2018, the Department mailed Petitioner a Health Care Coverage Determination Notice, informing Petitioner that she was not eligible for Medicaid benefits beginning August 1, 2018. [Dept. Exh. 18-20].
4. On October 11, 2018, the Department mailed Petitioner a Health Care Coverage Determination Notice informing her that she was eligible for Medicaid beginning September 1, 2018. The notice also informed Petitioner that she was not eligible for the Medicare Cost Sharing program beginning August 1, 2018, because she had full Medicaid coverage. [Dept. Exh. 22-24].
5. On October 26, 2018, the Department mailed Petitioner a Health Care Coverage Determination Notice informing her that as of November 1, 2018, she had full coverage for the Medicare Savings Program. The notice also indicated that Petitioner was not eligible for the Medicare Cost Sharing program as of August 1, 2018, because she had full Medicaid coverage. [Dept. Exh. 28-31].
6. Petitioner's Authorized Representative credibly testified that she was receiving medical bills for Petitioner's hospice care for the month of August 2018. She also requested that the Medicaid coverage go back to the date of admission on July 26, 2018.
7. After reviewing the hearing packet, the Hearing Facilitator agreed that he could not explain why Medicaid was not paying the August 2018 bill, since it appeared Petitioner had full Medicaid coverage for the month of August. The Hearing Facilitator indicated that he would be contacting the long-term specialist to resolve the issues, those being, Medicaid coverage for the month of August 2018, and retroactive Medicaid coverage back to the date of admission on July 26, 2018.

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, there was conflicting evidence in the hearing packet as to whether Petitioner had full Medicaid in August 2018. The hearing facilitator agreed that it appeared that Petitioner had full Medicaid coverage in August 2018, but he could not

say with any degree of certainty based on what was provided in the hearing packet. The hearing facilitator also acknowledged that Medicaid benefits could be awarded retroactively to the date of admission on July 26, 2018 into hospice. However, the hearing facilitator agreed that a redetermination was in order and he would be referring the case to a long-term specialist for review.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied Petitioner's request for Medicaid for the month of August 2018.

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:

1. Redetermine Petitioner's Medicaid benefits back to July 26, 2018.
2. Issue a Health Care Coverage Determination Notice with the results of the Redetermination.

VLA/nr



Vicki L. Armstrong
Administrative Law Judge
for Robert Gordon, 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

Mark Epps
4809 Clio Road
Flint, MI
48504

Genesee Clio County DHHS- via
electronic mail

BSC2- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] MI
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