

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED],
Claimant

Reg. No: 2009-5219
Issue No: 2018
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
July 15, 2009
Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Kenneth Poirier

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a hearing was held on July 15, 2009. The claimant appeared on his own behalf, and the department was represented by Tanisha Carter, a Family Independence Manager. Dawn Burnett, an eligibility specialist, was present as an observer.

ISSUES

Did the department properly close the claimant's Medical Assistance case?

Did the department properly deny the claimant's request for assistance under the Medical Assistance program?

FINDINGS OF FACT

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

- 1) The claimant became 21 years old on [REDACTED]. Because of the claimant's age, the department should have closed his Medical Assistance case shortly thereafter.
- 2) The claimant was not notified of the department's action to close his Medical Assistance case until October 21, 2008. The effective date of the case closure was October 29, 2008.
- 3) In July 2008, the claimant received a bill from [REDACTED] seeking payment from the claimant for surgery that he had undergone on [REDACTED].
- 4) The claimant's caseworker at the time informed the claimant, when he presented the bill to the department for payment, that he was not covered under the Medical Assistance program for purposes of the [REDACTED] surgery because his 21st birthday had occurred on [REDACTED].
- 5) Based on the claimant's October 21, 2008 notification that the department had closed this case, the claimant submitted a request for a hearing to the department, which the department received on October 27, 2008.
- 6) At the hearing, the department agreed that since the claimant's Medical Assistance case was still open when he underwent surgery in [REDACTED], the department should have paid the bill that the claimant received related to that surgery. The department representative further acknowledged, during the hearing, that the failure of the department to pay the bill amounted to agency error on the part of the department.
- 7) Additionally, at the hearing, the department agreed to reactivate the claimant's Medical Assistance case to authorize payment of [REDACTED] [REDACTED] Bill, and that having done so, the department would then close the claimant's case.

- 8) At the hearing, the claimant was in agreement with the aforementioned facts and proposed department action.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.* and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

Under Program Administrative Manual Item 600, clients have the right to contest any agency decision affecting eligibility or benefit levels whenever they believe the decision is illegal. The agency provides an Administrative Hearing to review the decision and determine if it is appropriate. Agency policy includes procedures to meet the minimal requirements for a fair hearing. Efforts to clarify and resolve the client's concerns start when the agency received a hearing request and continues through the day of the hearing.

In the present case, claimant is contesting the denial of his request for assistance under the MA program, specifically, the department's failure to pay the claimant's hospital bill from his [REDACTED] surgery. At the hearing, the department agreed to reactivate the claimant's case to authorize payment of [REDACTED] bill, and then to re-close the case after paying the bill. The claimant agreed with the department's proposed course of action, and had nothing more to offer during the hearing. Since the claimant and the department have come to an agreement, it is unnecessary for this Administrative Law Judge to make a decision regarding the facts and issues in this case.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department and claimant have come to a settlement regarding claimant's request for a hearing. Therefore, it is ORDERED that the department reactivate the claimant's MA case to authorize payment of the bill that he received for his [REDACTED] surgery, and that after the bill is paid the department will re-close the claimant's MA case.

/s/

Kenneth Poirier
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 08/20/09

Date Mailed: 08/24/09

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

KP/dj

cc:

[REDACTED]