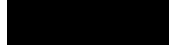


STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Claimant

Reg. No: 2009-2416

Issue No: 2011

Case No:



Load No:

Hearing Date:

December 8, 2008

Kent County DHS

ADMINISTRATIVE LAW JUDGE: Michael J. Bennane

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; MSA 16.409 and MCL 400.37; MSA 16.437 upon the Claimant's request for a hearing. After due notice a telephone hearing was held on December 8, 2008. The Claimant personally appeared and testified.

ISSUE

Did the Department properly open the Claimant's Medical Assistance (MA), and retroactive MA?

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 September 2, 2008, the Claimant filed an application for FIP. (Department Exhibit 2-18)

2. On September 2, 2008, the Department provided the Claimant with a verification checklist requesting various pieces of information, including a medical needs form and a notice of a Jobs Education and Training (JET) appointment. (Department Exhibit 19-20)
3. On September 24, 2008, the Department denied the FIP application.
4. On September 29, 2008, the Claimant requested a hearing.

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 (formerly known as the Family Independence Agency) 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).

The Claimant testified that she applied for Medical Assistance for her fiancé. The evidence presented is a FIP application but there is evidence that the question of MA was raised. The last page of the application contains information pertaining to MA eligibility and clearly states that MA was denied for the fiancé, [REDACTED]

If the Department considered the application as an application for FIP and MA the Department should have Department treated it as such.

Helping Clients

All Programs

The local office must assist clients who need and request help to complete the application form. (PAM 115, p. 1)

In the instant case the Department was aware of the desire of the Claimant to have the applications serve as one for FIP as well as MA for her fiancé. The sole fact that the application was not checked for MA coverage is overcome by the Department's notes concerning MA and denial of such benefits for [REDACTED] stated on the application.

The Claimant further testified that she provided the Department with a completed medical needs form on [REDACTED]. The Department had no record of such a document, but also testified that it provided no means by which the Claimant could have shown that she in fact did "drop off" a completed medical needs form on [REDACTED]. The Department testified that it did not keep a log with which a Claimant could show his/her attendance in the Department's offices on a specific date.

The record was extended for seven (7) days to allow the Claimant to produce the medical needs form she testified had been completed and dropped off to the Department. Within the allotted ten (10) days the Claimant did in fact produce a medical needs form completed by [REDACTED] [REDACTED] physician on [REDACTED]. One day before the Claimant testified that she had dropped off said document.

The Department further argues that the Claimant did not successfully provide the other pieces of information requested by the Department.

The client must obtain required verification, but you must assist if they need and request help.

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If **no** evidence is available, use your best judgment. (PAM 130, p. 3).

Here, the Department was provided with some of the information requested and made no attempt to provide any assistance in acquiring the remainder.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, **REVERSES AND ORDERS** the Department to accept the medical needs form as submitted by the Claimant on [REDACTED], and assist the Claimant in obtaining any further verifications necessary; and recalculate her fiancé's MA from that date.

/s/

Michael J. Bennane
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: March 12, 2009

Date Mailed: March 12, 2009

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.

MJB/jlg

cc:

[REDACTED]