STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER:



Reg No.201051782Issue No.2012Case No.1000Load No.1000Hearing Date:November 3, 2010Barry County DHS

ADMINISTRATIVE LAW JUDGE: Jana A. Bachman

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 telephone hearing was held on November 3, 2010. Claimant did not appear. Claimant was represented by

ISSUE

Whether the Department of Human Services (department) acted in compliance with department policy when it determined claimant's eligibility for Medical Assistance (MA) benefits.

FINDINGS OF FACT

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

1. In accordance with Administrative Hearing Decision 2010-6012 issued February 18, 2010, the department sent claimant and representative a Verification Checklist (DHS-3503) indicating required proofs and setting a due date of March 12, 2010. Department Exhibit A, pg 6. March 12, 2010, and March 23, 2010, claimant's representative requested and was granted an extension of deadline. April 2, 2010, claimant's representative requested a third extension or "use the best available information to determine eligibility." Department Exhibit A, pg 7-9. The third extension

request was not approved and department relied on best available information.

- 2. March 20, 2009, claimant's representative faxed to the department proof of incurred medical expenses for claimant indicating expenses incurred January 30, 2009. Department Exhibit A, pg 16. Department Exhibit A, pgs 16-17.
- 3. April 6, 2010, the department determined claimant's MA eligibility. Her MA begin date was January 30, 2009. Department Exhibit A, pg 12.
- 4. April 8, 2010, claimant's representative reported and verified medical expenses that were incurred earlier in January 2009. Claimant's representative requested that the MA begin date be changed. Department Exhibit A, pgs 11-14.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the 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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Department manuals provide the following policy statements and instructions for caseworkers:

Monthly deductible is a process by which a person or household with excess income may qualify for MA coverage. Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the monthly deductible amount for the calendar month being tested. For clients not in long term care and who do not have hospitalization expenses for a particular month; if allowable medical expenses exceed the excess income, income eligibility begins the day the expenses exceeded the income. Expenses may be reported that were incurred during the same month, but prior to the date coverage has been authorized for that particular month. Do not alter the MA eligibility begin date if you have already authorized coverage. Bridges Eligibility Manual (BEM) 545; 42 CFR 435.831 (b)-(d); MCL 400.106, .107.

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In this case, the Administrative Law Judge has examined the record and the department policy and finds that the department properly determined claimant's MA begin date to be January 30, 2009. The department used proofs provided by claimant's representative when it determined eligibility. According to those proofs, claimant exceeded the monthly deductible on January 30, 2009. Claimant's representative did not report or provide proof of additional medical expenses for the month of January 2009 until after MA coverage was authorized. The department properly did not alter the MA begin date to an earlier date after coverage had already been authorized. Finding of Fact 1-4; BEM 545

At hearing, claimant's representative asserted that the policy is not fair and the policy is obsolete. Representative cited no law, rule, or regulation that would render the department's policy obsolete or unfair. Representative asserted that it did not receive notice of the MA authorization. The record does not establish whether a notice was sent to representative on April 6, 2010 (the date of the eligibility determination); however, it is clear that the department informed the representative in writing on April 9, 2010 (Department Exhibit A, pg 15). In any case, notification on April 6, 2010 would not alter the policy that once a begin date is established, it can not be changed. Finding of Fact 1-4; BEM 545. Accordingly, the department has met its burden of proof and its action must be upheld.

DECISION AND ORDER

The Administrative Law Judge based upon the above findings of fact and conclusions of law, decides the Department of Human Services acted in compliance with department policy when it determined claimant's eligibility for Medical Assistance benefits.

Accordingly, the department's action is, hereby, UPHELD.

/s/_

Jana A. Bachman Administrative Law Judge for Ismael Ahmed, Director Department of Human Services

Date Signed: December 10, 2010

Date Mailed: <u>December 13, 2010</u>

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<u>NOTICE</u>: 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 receipt 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.



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