

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.: 2010-841
Issue No.: 2007
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date:
November 23, 2009
Oakland County DHS (4)

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for hearing received by the Department on August 13, 2009. After due notice, a hearing was conducted from Detroit, Michigan on November 23, 2008. The Claimant's authorized hearing representative, [REDACTED], appeared and testified. [REDACTED] appeared on behalf of the Department.

ISSUE

Whether the Department acted in accordance with department policy when it denied the Claimant's Medical Assistance ("MA") application?

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 April 30, 2009, the Department received from the Claimant's application for public assistance seeking MA-P benefits. (Exhibits 1, pp. 1 – 17; Exhibit 3)

2. The Department calculated the Claimant's eligibility for the Adult Medical Program ("AMP") and found the Claimant ineligible due to excess income. (Exhibit 1, pp. 18, 19)
3. On June 6th, the Department notified the Claimant and her representative that she did not qualify for the AMP program due to excess income. (Exhibit 1, p. 20)
4. On August 13, 2009, the Department received the Claimant's timely written request for hearing protesting the fact that the application was not processed under the FIP-related MA benefit program. (Exhibit 2)

CONCLUSIONS OF LAW

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act. 42 USC 1397 and is administered by the Department of Human Services pursuant to MCL 400.10, *et. seq.* The Department of Human Services ("DHS"), formally known as the Family Independence Agency, administers the program pursuant to MCL 400.10, *et seq* and MAC R 400.3001-3015. Departmental policies are found in the Program Administrative Manual ("PAM"), the Program Eligibility Manual ("PEM"), and the Program Reference Manual ("PRM").

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. PEM 105 Medicaid is also known as Medical Assistance ("MA"). *Id.* The Medicaid program is comprised of several categories; one category is for FIP recipients while another is for SSI recipients. *Id.* Programs for individuals not receiving FIP or SSI are based on eligibility factors in either the FIP or SSI program thus are categorized as either FIP-related or SSI-related. *Id.* To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formally blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent

children, persons under age 21 and pregnant, or recently pregnant women, receive MA under FIP-related categories. *Id.*

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. PAM 130 The client must obtain the required verification, however, the Department must assist if needed and/or requested. PAM 130 If neither the client nor the Department is able to obtain verification despite reasonable effort, the Department should use the best available information. PAM 130 If no evidence is available, the Department should use its best judgment. PAM 130 Before determining eligibility, a client is given a reasonable opportunity to resolve any discrepancy between statements made and information provided from another source. PAM 130

In the record presented, the Claimant's authorized representative assisted the Claimant in completing the application for public assistance. On the cover sheet, the authorized representative indicated that the request was for "family" medical assistance however the application did not contain information regarding children in the household. Clarification was not sought and the Claimant's case was processed under the AMP program as opposed to MA-N. Under these facts, the Department's actions are not upheld.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department's actions are not upheld.

Accordingly, it is ORDERED:

1. The Department's eligibility determination is REVERSED.
2. The Department shall reopen and reprocess the Claimant's April 30, 2009 application in accordance with department policy.

3. The Department shall notify the Claimant and her authorized representative in writing of the determination in accordance with department policy.
4. The Department shall supplement for lost benefits (if any) the Claimant was entitled to receive if otherwise eligible and qualified in accordance with department policy.

Colleen M. Mamelka

Colleen M. Mamelka
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 12/09/09

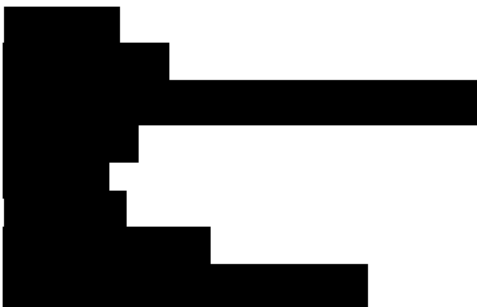
Date Mailed: 12/09/09

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 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.

CMM/jlg

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