

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

IN THE MATTER OF THE CLAIM OF:

[REDACTED]

Reg. No.: 2010-34509
Issue No.: 2026
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date: October 4, 2010
Wayne County DHS (35)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 a hearing. After due notice, a telephone hearing was held on October 4, 2010. The claimant appeared and testified. The Claimant appeared by telephone. The Department was represented by [REDACTED], FIM and [REDACTED] FIS, that also appeared.

ISSUE

Did the Department properly deny the Claimant's Medical Assistance benefits?

FINDINGS OF FACT

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

- (1) The department issued a Notice of Case Action dated February 1, 2010. Pursuant to the notice of case action for the claimant's Medicaid group 2 aged, blind and disabled was denied. Exhibit 1.
- (2) The department's hearing summary indicated that the case had been closed because the claimant's deductible had not been met in at least one of the last three months. Exhibit 2.
- (3) The department also indicated that the claimant may never have been eligible for Medicaid. The department also did not have the case file available for the hearing.
- (4) Based upon this confusion as to why the claimant was denied Medicaid, the department agreed to reopen the claimant's case or application

retroactive to the date of closure March 1, 2010 and to meet with the client individually to determine her eligibility for Medicaid. The department agreed to consider the claimant's social security income and any ongoing monthly medical expenses and will recompute a budget to determine whether the claimant is eligible for Medicaid.

- (5) It was explained during the hearing that the department cannot guarantee whether the claimant will be eligible for Medicaid but will base its analysis of the claimant's eligibility on her income and medical expenses and will determine whether the claimant is eligible and if so be amount of her deductible or spend down amount.
- (6) The department agreed to meet with the claimant within 10 days of the hearing and to a schedule an appointment with her directly.
- (7) As a result of this agreement claimant, indicated that she no longer wished to proceed with the hearing.

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).

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 receives a hearing request and continues through the day of the hearing.

In the present case, the Department agreed to reopen and reinstate the claimant's Medicaid application and or case retroactive to the date of closure March 1, 2010 and determine her eligibility based upon her Social Security income and any ongoing medical expenses and insurance that the claimant incurs. The department further agreed to meet with the claimant within 10 days of the hearing by setting up a direct appointment. The department advised the claimant clearly that it could not guarantee one way or the other whether the claimant would be eligible for Medicaid but would properly determine the matter at the time of its meeting.

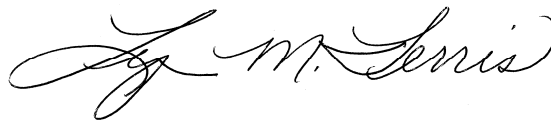
As a result of this agreement, claimant indicated she no longer wished to proceed with the hearing. Since the claimant and the department have come to an agreement it is unnecessary for this Administrative Law Judge to make a decision regarding the facts and issues in this case.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department and the claimant have come to a settlement regarding claimant's request for a hearing.

Therefore, it is ORDERED:

- (1) The department shall reinstate the claimant's Medicaid application or case retroactive to the date of closure and shall make a determination whether the claimant is eligible and is eligible to proper amount of the claimant's deductible or spend down amount. The department shall utilize the claimant's income including social security and shall also include any ongoing medical expenses and the cost of medical insurance when calculating the claimant's eligibility for Medicaid.
- (2) The department shall schedule a meeting with the claimant to review her Medicaid eligibility within 10 days of the date of the hearing, October 4, 2010.
- (3) If the department determines that it improperly denied or closed the claimant's Medicaid application or case, it shall retroactively reinstate the claimant's application and/or case retroactive to the date of closure, March 1, 2010.



Lynn M. Ferris
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: 10/06/2010

Date Mailed: 10/06/2010

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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.

LMF/jlg

cc:

