

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2010-52597  
Issue No.: 2006  
Case No.: [REDACTED]  
Hearing Date: February 17, 2011  
Macomb County DHS (12)

**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 a hearing. After due notice, a hearing was held in Clinton Township, Michigan on Thursday, February 17, 2011. The Claimant appeared and testified. The Claimant was represented by [REDACTED] of [REDACTED]. [REDACTED] appeared on behalf of the Department.

**ISSUE**

Whether the Department properly denied the Claimant's application for Medical Assistance ("MA-P") benefits?

**FINDINGS OF FACT**

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

1. The Claimant submitted an application for public assistance seeking MA-P benefits in May of 2010.
2. The Medical Review Team ("MRT") denied the application based on the reported failure to submit requested information. (Exhibit 3)
3. On June 2, 2010, the Department notified the Claimant of the MRT determination. (Exhibit 1)
4. On August 19, 2010, the Department received the Claimant's timely written request for hearing. (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 (“DHS”), formally known as the Family Independence Agency, 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 Bridges Reference Manual (“BRM”).

Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion of the necessary forms. BAM 105 Verification means documentation or other evidence to establish the accuracy of the client’s verbal or written statements. BAM 130 Client’s are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. BAM 130 For MA-P purposes, if the client cannot provide the verification despite a reasonable effort, the time limit should be extended up to three times. BAM 130 Verifications are considered timely if received by the due date. BAM 130 The Medical Review Team (“MRT”) reviews medical evidence for disability or blindness. BAM 815

To be eligible for full MA coverage, a person must be a U.S. citizen or an alien admitted to the U.S. under a specific immigration status. BEM 225 citizenship must be verified with an acceptable document to receive Medicaid. BEM 225 Primary evidence of citizenship is documentary evidence of the highest reliability that conclusively establishes that a person is a U.S. citizen. BEM 225 Secondary evidence includes, but is not limited to, a U.S. public birth record showing birth in on of the 50 United States. BEM 225 In addition to the citizenship verification, MA eligibility also requires verification that an SSI benefits are being pursued. BEM 270 Refusal to pursue a potential benefit results in ineligibility. BEM 270

In this case, the MRT denied the application based on the reported failure to submit verification regarding the Claimant’s citizenship and proof that the Claimant had submitted an application with the Social Security Administration. The Claimant testified credibly that the information was provided in a timely manner. Regardless, the MRT reviews medical evidence to establish disability or blindness and does not make eligibility determinations. In light of the foregoing, it is found that the Department failed to establish it acted in accordance with department policy when it denied the Claimant’s MA-P application. Accordingly, the Department’s actions are REVERSED.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds the Department failed to establish it acted in accordance with department policy when it denied the Claimant’s MA-P application.

Accordingly, it is ORDERED:

1. The Department's determination is REVERSED.
2. The Department shall re-open and reprocess the Claimant's May 2010 application in accordance with department policy.
3. The Department shall notify the Claimant and her authorized representative of the determination in accordance with department policy.
4. The Department shall supplement for lost benefits (if any) that the Claimant was entitled to receive if otherwise eligible and qualified.

*Colleen M. Mamelka*

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Colleen M. Mamelka  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: 2/28/2011

Date Mailed: 2/28/2011

**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.

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cc:

