STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARINGS SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:	Reg No:	2011-29509
	Issue No:	3015
Case	No:	
Hearin	g [Date:
June	15,	2011
	SSPC Ea	ist

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 June 15, 2011. The Claimant appeared and testified at the hearing. Assistance Payments Super visor appeared on behalf of the Department.

ISSUE

Was the Department correct in determining Claimant's FAP benefits?

FINDINGS OF FACT

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

- (1) Claimant applied for FAP benefits online on January 20, 2011.
- (2) On January 31, 2011 Claimant's FAP application was denied due to excess income.
- (3) Claimant receives \$2022.50 in social security benefits.
- (4) Claimant receives \$1400 in pension income.
- (5) Claimant's 2 children have \$1010 unearned income.

- (6) The Department determined that Claimant had medical expenses of \$235.
- (7) Claimant testified that she ha s transportation expenses relat ed to obtaining medical treatment, non-ov erdue medical expenses that she made payment arrangements for and other qualified medical expenses that were not considered in determining her FAP eligibility.
- (8) Claimant requested a hearing on April 8, 2011 contesting the denial of FAP benefits.

CONCLUSIONS OF LAW

The Food Assistanc e Program, formerly known as the Food Stamp ("FS") program, is established by the Food Stam p Act of 1 977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations ("CFR"). The Department of Human Services ("DHS"), formally known as the Family Independ ence Agency, administers the FAP program pursuant to MCL 400.10, *et seq* and MAC R 400.3001-3015. Departmental policies are found in the Br idges Administrative Manual ("BAM"), the Bridges Eligibility Manual ("BEM"), and the Program Reference Manual ("PRM").

MEDICAL EXPENSES

Application and Redetermination

Consider **only** the medical expenses of SDV persons in the eligible group or SDV persons disqualified for certain reasons; see <u>Expenses for Disqualified or</u> <u>Ineligible Persons</u> in this item. Estimate an SDV person's medical expenses for the benefit period. Base the estimate on all of the following:

•Verified allowable medical expenses.

•Available information about the SDV member's medical condition and health insurance.

•Changes that can reasonably be anticipated to occur during the benefit period.

Allowable Medical Expenses

Allowable medical expenses are limited to the following:

•Medical and dental care inc luding psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional.

•Hospitalization or nursing care. Include these expenses for a person who was a group member immediately prio r to entering a hos pital or nursing home.

•Prescription drugs and the postage for mail-ordered prescriptions.

•Costs of medical supplies, sick room equipment (including rental) or other prescribed medical equipment (excluding the cost for special diets).

•Over-the-counter medication (includi ng insulin) and other health-related supplies (bandages, sterile gauze, incontinence pads, e tc.) when recommended by a licensed health professional.

•Premiums for health and hospitalizati on polic ies (e xcluding the cost of income maintenance type health polic ies and accident policies, also known as assurances). If the policy covers more than one person, allow a prorated amount for the SDV person(s).

•Medicare premiums.

•Dentures, hearing aids and prosthetics including the cost of securing and maintaining a seeing eye or hearing dog or other assistance animal. (Animal food and veterinary expenses are included.)

•Eyeglasses when prescribed by an ophthalmologist (physician-ey e specialist) or optometrist.

•Actual costs of transport tation and lodging necessary to secure medical treatment or services. If actual costs **cannot** be determined for transportation, allow the cents-per-mile amount at the standard mileage rate for a privately owned vehicle in lieu of an available state vehicle. To find the cents-per-mile amount go to the Michigan Department of Management and Budget at <u>www.michigan.gov/dmb</u>, select Services & Facilities from the left navigation menu, then select T ravel. On the travel page, cho ose <u>Travel</u> Rates and High Cost Cities using the rate for the current year.

•The cost of employing an at tendant, homemaker, home health aide, housekeeper, home help prov ider, or ch ild care provider due to age, infirmity or illness. This cost must include an amount e qual to the maximum FAP benefits for one person if the FAP gr oup provides the majority of the attendant's meals. If this attendant care cost could qualify as both a medical expense and a dependent care expense, it **must** be treated as a medica I expense.

•A Medicaid deductible is allowed if the following are true.

••The medical expenses used to meet the Medicaid deductible are allowable FAP expenses.

••The medical expenses are not overdue. See below.

Estimating and Determining an Allowable Medical Expense

Estimate an SDV person's medical expenses for the benefit period. The expense does **not** have to be paid to be allowed. Allow medical exp enses when verification of the por tion paid, or to be paid by insurance, Medicare, Medicaid, etc. is provided. Allow **only** the non reimbursable portion of a medical expense. The medical bill cannot be overdue.

The medical bill is **not** overdue if one of the following conditions exists:

•Currently incurred (for example, in the same month, ongoing, etc.).

•Currently billed (client is receiving the bill for the first time for a medical expense provided earlier and the bill is not overdue).

•Client made a payment arrangement before the medical bill became overdue. BEM 554

In the present case, the Department failed to allow or consider several medical expenses that are allowable pursuant to Departm ent policy and that could potentially make Claimant eligib le for F AP, including but not limited to medical transportation costs and medical bills where Claimant made a pay ment arrangement before the medical bill bec ame overdue. BEM 554 Therefore the denial of Claimant's FAP applic ation was improper and incorrect. The Department should request verifications from Claimant regarding any and all qualified medical expenses and reprocess for potential eligibility.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the D epartment improperly denied the Claim ant's FAP app lication, and it is ORDERE D that the Department's decision in this regard be and is hereby REVERSED. Claimant's F AP application shall be reinstated and reprocessed going back to the date of applic ation taking into consideration all qualified medical expenses verified by the Claimant.

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McClintic Law Judge Maura Corrigan, Director of Human Services

Date Signed: June 22, 2011

Date Mailed: June 22, 2011

NOTICE: Administrative Hearings may or der a rehearing or reconsideration on either its own motion or at the request of a party wit hin 30 days of the mailing date of this Decision and Order. Admi nistrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 60 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 Decisi on and Order or, if a time ly request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

AM/ctl

cc:	Oakland Cou	nty DHS (02)/1843
A.	McClintic	
Admir	nistrative	Hearings