

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

IN THE MATTER OF:

[REDACTED]

[REDACTED]  
Van Buren County DHS

ADMINISTRATIVE LAW JUDGE: C. Adam Purnell

**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 received on July 29, 2011. After due notice, a three-way telephone conference call hearing was held on September 28, 2011. The claimant personally participated via telephone from the State of Florida but she was also represented by [REDACTED]. Participants on behalf of the department included [REDACTED], Eligibility Specialist, and [REDACTED], Assistance Payments Supervisor.

**ISSUE**

Did the department properly deny the claimant's application for Medical Assistance (MA) program 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. On December 14, 2010, [REDACTED], a representative of [REDACTED], signed an Assistance Application (DHS-1171) on behalf of the claimant seeking MA benefits and retroactive medical coverage dating back to November, 2010. (Department Exhibits 21-40).
2. The department received the DHS-1171 on January 20, 2011. (Hearing Summary & Request for Hearing).
3. On February 11, 2011, the department mailed the claimant, and her representative at [REDACTED], a Medical Determination Verification Checklist (DHS-3503), which was due by February 22, 2011. (Department Exhibit 4).

4. On March 1, 2011, Claimant relocated from [REDACTED] but did not report the move to the department at this time. (Request for Hearing).
5. On March 2, 2011, [REDACTED], after requesting an extension of time, returned the verification checklist to the department. (Department Exhibits 5-19).
6. On March 3, 2011, the department mailed the claimant's medical documentation to the Medical Review Team (MRT). (Hearing Summary). Additional medicals were also received and then forwarded to the MRT. (Hearing Summary).
7. On March 22, 2011, the MRT returned the medical packet with a deferral with a request for additional medical records and a request that the claimant schedule an appointment for a mental health exam. (Hearing Summary).
8. On April 6, 2011, the claimant's husband called the department and indicated that he requested case closure due to a recent move to the [REDACTED]. (Department Exhibit 3).
9. The department did not schedule an appointment for claimant and did not take any further action relative to the claimant's MA case. (Hearing Summary).
10. On April 16, 2011, the department mailed the claimant a Notice of Case Action (DHS-1605) denying the claimant's application for MA benefits because the claimant failed to provide verifications. (Notice of Case Action, 4/16/11).
11. On April 25, 2011, the claimant, through [REDACTED], submitted a hearing request protesting the denial of her application. (Request for a Hearing).

### **CONCLUSIONS OF LAW**

The client has the right to request a hearing for any action, failure to act or undue delay by the department. BAM 105. The department provides an administrative hearing to review the decision and determine its appropriateness. BAM 600.

The regulations that govern the hearing and appeal process for applicants and recipients of public assistance in Michigan are contained in the Michigan Administrative Code (Mich Admin Code) Rules 400.901 through 400.951. An opportunity for a hearing shall be granted to a recipient who is aggrieved by an agency action resulting in suspension, reduction, discontinuance, or termination of assistance. Mich Admin Code 400.903(1).

The Medical Assistance (MA) program was established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR).

The department administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies for the MA programs are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), the Bridges Reference Manual (BRM), and the Reference Tables Manual (RFT).

The MA program is also referred to as Medicaid. BEM 105. 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. BEM 105. The Medicaid program is comprised of several sub-programs or categories. One category is FIP recipients. BEM 105. Another category is SSI recipients. BEM 105. There are several other categories for persons not receiving FIP or SSI. BEM 105. However, the eligibility factors for these categories are based on (related to) the eligibility factors in either the FIP or SSI program. BEM 105. Therefore, these categories are referred to as either FIP-related or SSI-related. BEM 105.

To receive Medicaid under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant women, receive Medicaid under FIP-related categories. For MA only, a client and the client's community spouse have the right to request a hearing on an initial asset assessment only if an application has actually been filed for the client. BAM 105. 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. BEM 105.

BEM 260 explains the MA disability and blindness factors. A person meets the disability or blindness factor for a month if he or she is determined disabled or blind for the month being tested. BEM 260. In addition, a disabled person does not meet the disability requirement if he refuses treatment without good cause. BEM 260.

The MRT/SRT will determine disability/blindness for retro months even if retro MA is not requested by the client at application. BEM 260. The client is responsible for providing evidence needed to prove disability or blindness. BEM 260. However, the department must assist the customer when they need help to obtain evidence to prove disability or blindness. BEM 260. Such help includes scheduling medical exam appointments and/or paying for medical evidence and medical transportation. BEM 260.

A client who refuses or fails to submit to an exam necessary to determine disability or blindness cannot be determined disabled or blind and you should deny the application or close the case. BEM 260. It is not necessary to return the medical evidence to MRT for another decision in this instance. BEM 260.

An individual is a [REDACTED] resident if either of the following applies: (1) the individual lives in Michigan, except for a temporary absence, and (2) intends to remain in Michigan permanently or indefinitely. BEM 260. If the individual indicates an intent to remain in Michigan, but his official USCIS documents indicate a temporary or time-limited period to the visit, the individual does not meet the intent to remain requirements, unless he verifies that official steps are being taken with USCIS to apply for lawful permanent resident status; see BEM 225. BEM 260. Residency continues for an individual who is

temporarily absent from Michigan or intends to return to Michigan when the purpose of the absence has been accomplished. BEM 260.

In the instant matter, the department improperly denied the claimant's MA application. This Administrative Law Judge finds that the claimant's husband (an adult group member) called the department and requested case closure on April 6, 2011. At the time, the claimant's MA application was pending and had just been returned from the MRT for purposes of a medical deferral. The MRT requested additional medical records and planned to schedule claimant for a medical and/or mental health examination. Rather than immediately close the case, the department should have verified the claimant's residence and whether the claimant was actively receiving benefits in Florida at the time. Then the department should have taken steps to see that claimant is scheduled for a medical examination. In the event the claimant fails to show up for her appointment, then the department may be able to deny the application. The DHS-1605 in this matter indicated that case closure was due to failure to provide verifications, but the closure reason stated is incorrect. The claimant was not afforded an opportunity to provide verification because the department prematurely found that claimant was not eligible for MA benefits. Although the department worker was advised to close the case, this worker, at the very least, should have scheduled the appointment or requested additional medicals before taking steps to close the case.

Accordingly, this Administrative Law Judge finds that the department did not properly close the claimant's MA case for failure to provide requested verifications.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department did not act in accordance with policy when it denied the claimant's MA application.

The department's MA eligibility determination is REVERSED and the department is ordered to reinstate the claimant's MA application and continue to process her MA application. The department shall schedule the medical and/or mental health examination and forward any request for additional medical records from MRT.

It is SO ORDERED.

/s/

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C. Adam Purnell  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: 10/11/11

Date Mailed: 10/11/11

**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 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 Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

CAP/ [REDACTED]

[REDACTED]