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

IN THE MATTER OF:



Reg. No.: 201257524 Issue No.: 2018 Case No.: Hearing Date: County:

September 20, 2012 Wayne (35)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claim ant's request for a hearing. After due notice, a telephone hearing was held on Sept ember 20, 2012, from Detroit, Michigan. Participants on behalf of Claimant inclu ded Claim ant. Participants on behalf of Department of Human Services (Department) included Elig ibility Assistance Payment Supervisor. Specialist, and

ISSUE

Did the Departm ent properly \boxtimes deny Claiman t's application \square close Claimant's case for:

ĺ	Х	

Family Independence Program (FIP)?

Food Assistance Program (FAP)?

Medical Assistance (MA)?

Direct Support Services (DSS)?

Adult Medical Assistance (AMP)?

State Disability Assistance (SDA)?

Child Development and Care (CDC)?

FINDINGS OF FACT

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

1. Cla imant \boxtimes applied for benefits \square received benefits for:

Family Independence Program (FIP). Food Assistance Program (FAP).

Medical Assistance (MA).

Direct Support Services (DSS).

- Adult Medical Assistance (AMP).
- State Disability Assistance (SDA).

Child Development and Care (CDC).

- On June 1, 2012, the Department
 Image: A constraint of the c
- On June 1, 2012, the Department sent
 Claimant ☐ Claimant's Authorized Representative (AR) notice of the ☐ denial. ☐ closure.
- 4. On June 6, 2012, Claimant filed a hearing request, protesting the ⊠ denial of the application. □ closure of the case.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Service s Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

☐ The Family Independence Program (FIP) was established purs uant to the Personal Responsibility and W ork Opportunity Reconc iliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq*. The Department (formerly k nown as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq*., and Mich Admin Code, R 400.3101 t hrough R 400.3131. FI P replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

☐ The Food Assistanc e Program (FAP) [for merly known as the Food Stamp (FS) program] is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq*., and Mich Admin Code, R 400.3001 through R 400.3015.

The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ial 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 Independ ence Agency) administers the MA pr ogram pursuant to MCL 400.10, *et seq*., and MC L 400.105.

The Adult Medical Program (AMP) is	established by 42 USC 1315, and is
administered by the Department pursuant to N	/ICL 400.10, <i>et seq</i> .

The State Disabilit y Assistance (SDA)) progr am, which provides financial ass istance
for disabled persons, is established by	2004 PA 344. The D epartment of Human
Services (formerly known as the Family	Independence Agency) administers the SDA

program pursuant to MCL 400.10, *et seq.*, and Mich Admin Code, R 400.3151 through R 400.3180.

☐ The Child Development and Care (CDC) program is establis hed by Titles IVA, IVE and XX of the Soc ial Security Act, the Ch ild Care and Developm ent Block Grant of 1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Feder al Regulations, Parts 98 and 99. The Depart ment provides servic es to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001 through R 400.5015.

Direct Support Services (DSS) is administ ered by the Department pursuant to MCL 400.57a, et. seq., and Mich Admin Code R 400.3603.

Additionally, in this case, Claimant applied for MA on June 1, 2012. That same day the Department sent Claimant a Notice of Case Action denying her application on the basis that there was a freeze on Ad ult Medical Program (A MP) enrollment, and she was not eligible for other MA coverage because she was not blind, disabled, pregnant or the parent/caretaker relative of a dependent child or within the age requirement.

An individual may rec eive Medical Assistance (MA) coverage if t he individual qualifies under an a FIP-related MA category or an SSI -related MA category. To receive M A under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or dis abled. BEM 105 (October 1, 2010), p 1. To receive MA under a FIP-related category, the person must have dependent children, be a caretaker relative of dependent children, or be under age 21 and pregnant or recently pregnant. BEM 105, p 1. AMP provides lim ited medical services for persons n ot eligible for MA coverage. BEM 100 (June 1, 2012), p 4.

The evidence at the hearing established that Claimant was 56 years old. While Claimant testified that she was the parent or relative caretaker of a handicapped child, she acknowledged that the chil d was 21 years old. Becaus e FIP-related MA is only available to a parent when the child is un der age 18 (or age 18 and a fu II-time high school or vocational education student), the Department properly concluded that she did not qualify for FIP-related MA. S ee BEM 135 (January 1, 2011), p 3. The Department also properly concluded that Claimant was not eligible for AMP medical coverag e because the program was closed to new enrollees at the time of her application.

Claimant contended, however, that she was entitled to MA based on the fact that she was diabet ic, had high blood pressure, and t ook sev eral medic ation for both thes e health issues. The Department refers cases to the Medical Review Team (MRT) when a client claims a dis ability or blind ness. BAM 815 (June 1, 2012), p 2. Claimant acknowledged that she had stated "none" on that portion of the her application that asked her to identify her disab ilities. At the h earing, the Department testified that MRT would not process a MA application that did not identify a disability on the portion of the application where disabilities are to be identified. However, Claimant noted, and the Department ack nowledged, that the worker who had spoken to Claimant

regarding her applic ation had hand- written notes in the appl ication indicating that Claimant was diabetic , had high blood pres sure, and took various medications. The Department is required to assist clients in completing the applic ation form. BAM 115 (May 1, 2012), p 1. Once Claimant claim ed a dis ability, the worker should h ave assisted her in identifying those conditions under the disability portion of the application. Claimant testified that the work er informed her that diabetes was not a disability for MA purposes. Howev er, disability d eterminations are made by MRT, not workers. BAM 815 (June 1, 2012), pp 5-6; BEM 260 (October 1, 2011), pp 2-4, 6-8. By failing t o assist Cla imant to properly ide ntify her alleged dis ability on her MA applic ation and initiating the proces s for having the dis ability determination referred to MRT, the Department did not act in accordance with Department policy.

Based upon the abov e Findings of Fact and Co nclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department

properly denied Claimant's application properly closed Claimant's case

☐ improperly denied Claimant's application
 ☐ improperly closed Claimant's case

for: \square AMP \square FIP \square FAP \boxtimes MA \square SDA \square CDC \square DSS.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department i did act properly. i did not act properly.

Accordingly, the Department's AMP FIP FAP MA SDA CDC DSS decision is AFFIRMED REVERSED for the reasons stated on the record.

THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. Reregister Claimant's June 1, 2012 MA application;
- 2. Begin repr ocessing the application in ac cordance with Department policy and consistent with this Hearing Decision, in cluding allowing Claimant to revise her response in the application concerning her disability;
- 3. Provide Claimant with MA coverage she is eligible to receive from June 1, 2012,ongoing; and
- 4. Notify Claimant in writing of its decision in accordance with Department policy.

Alice C. Elkin

Administrative Law Judge For Maura Corrigan, Director Department of Human Services

Date Signed: <u>9/28/12</u>

Date Mailed: <u>9/28/12</u>

NOTICE: Michigan Administrative Hearing Syst em (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the mailing date of this Dec ision and Order . MAHS will not or der a rehearing or reconsideration on the Department's mo tion where the final decis ion cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

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 ti mely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration <u>MAY</u> be granted for any of the following reasons:
- misapplication of manual policy or law in the hearing decision,
- typographical errors, math ematical error, or other obvious errors in the he aring decision that effect the substantial rights of the claimant:
- the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative hearings

Re consideration/Rehearing Request P. O. Box 30639

Lansing, Michigan 48909-07322

ACE/hw

