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

## IN THE MATTER OF:



Reg. No.:
2012-69663

Issue No.:
2000

Case No.:
Hearing Date:

County:
Image: County in the second second

# ADMINISTRATIVE LAW JUDGE: Suzanne Morris

# **HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on from from from , Michigan. Participants on behalf of Claimant included Claimant and Participants on behalf of Department of Human Services (Department) included

#### ISSUE

Did the Department properly determine claimant's Medical Assistance (MA) coverage for

# 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 a new application for FIP and FAP.
- 2. The department mailed the claimant a Notice of Case Action (DHS-1605) on the that indicated the claimant and her family would be removed from the Transitional Medicaid (TMA) program.
- 3. The claimant and her family changed coverage from TMA to Low-Income Families (LIF) MA beginning
- 4. The claimant submitted a hearing request on

# CONCLUSIONS OF LAW

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

☐ The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and Mich Admin Code, R 400.3101 through R 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

☐ The Food Assistance Program (FAP) [formerly 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 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.

The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq*.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, *et seq.*, and 2000 AACS, R 400.3151 through R 400.3180.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, the Child Care and Development 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 Federal Regulations, Parts 98 and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001 through R 400.5015.

Additionally, the department representative testified and provided documentation to show the claimant and her family changed MA programs from TMA to LIF Medicaid when they applied for FIP and FAP, as they now had no income. The claimant testified that her husband had been injured and was no longer receiving his income, which is why the family applied for FIP. The department representative testified that this is what

caused the family to switch from TMA coverage to LIF coverage. Thus, no negative action had actually occurred. It is noted that the claimant's FIP and FAP application was still pending at the time of her hearing request. The claimant and her representative were advised to follow up with the case worker to find the determination of the application and to submit a hearing request if an adverse action had been taken that they disputed.

# **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 when they changed the claimants from TMA to LIF MA. I did not act properly when

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

/s/\_\_\_\_

Suzanne L. Morris Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed:

Date Mailed:

**NOTICE:** Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (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 timely 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 **MAY** be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing 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 Reconsideration/Rehearing Request P. O. Box 30639 Lansing, Michigan 48909-07322



