

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

IN THE MATTER OF:

[REDACTED]

Reg No.: 2012-55619
Issue No.: 2007
Case No.: [REDACTED]
Hearing Date: July 18, 2012
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 Wednesday, July 18, 2012. The Claimant appeared and testified. The Claimant did not appear; however, her Authorized Hearing Representative ("AHR"), [REDACTED], appeared and testified. [REDACTED] appeared on behalf of the Department of Human Services ("Department").

ISSUE

Whether the Department properly denied the Claimant's October 26, 2011 Medical Assistance ("MA") application?

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 was hospitalized on [REDACTED] (Exhibit 3)
2. The Claimant/AHR submitted an application for public assistance seeking MA benefits on October 26, 2011 to cover, in part, the two hospitalizations in [REDACTED] (Exhibits 1, 2)

3. On November 10, 2011, the Department sent a Medical Determination Verification Checklist to the Claimant/AHR requesting in part, proof that the Claimant applied for social security benefits. (Exhibit 6)
4. The Department extended the Medical Determination Verification Checklist due date three times with the final due date being December 22, 2011.
5. The Claimant/AHR did not submit the requested verifications as requested.
6. The Medical Review Team ("MRT") found the Claimant disabled.
7. On January 17, 2012, the Department denied the October 26, 2011 MA application based on the failure to submit the requested verifications.
8. On April 16, 2012, the Department received the Claimant/AHR's written request for hearing.

CONCLUSIONS OF LAW

Department policies are contained in the Bridges Administrative Manual ("BAM"), the Bridges Eligibility Manual ("BEM"), and the Reference Tables ("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, Rules 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 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, Rules 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 of Human Services 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 Mich Admin Code, Rules 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, Rules 400.5001 through R 400.5015.

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. Clients are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. BAM 130. Verifications are considered timely if received by the due date. BAM 130. For MA purposes, if the verification cannot be provided, despite a reasonable effort, the due date may be extended up to three times. BAM 130.

MA eligibility is determined on a calendar month basis. BEM 105. Retro MA coverage is available back to the first day of the third calendar month prior to the application date. BAM 115. An individual may be eligible for one, two, or three retro months, even if not currently eligible. BAM 115. As a condition of eligibility, applicants and recipients must take all necessary steps to obtain benefits for which they may be eligible. 42 CFR 435.608(a); BEM 270. Except for contractual care arrangements, the requirements in this item do not apply to a past month determination for MA. BEM 270. For MA purposes, a refusal to pursue a potential benefit results in person ineligibility. BEM 270.

In this case, the Claimant/AHR submitted an application for MA benefits on October 26, 2011. The Claimant/AHR was seeking to cover two hospitalizations in October, the month of application, therefore a DHS 3243 was not required as the hospitalizations did not occur in a “retro” month. In processing the MA application, the Department requested verification that the Claimant was pursuing potential benefits with the SSA. The Department extended the verification due date three times as allowed in BAM 130. The Claimant/AHR did not submit the requested verification. Subsequently, the MRT found the Claimant was disabled. Despite not having received the requested verifications, the Department confirmed via the SOLQ, that an application had not been filed by the Claimant with the SSA. Because there was not a pending application filed with the SSA, the Department denied the Claimant’s application on January 17, 2012 based on the failure to submit the requested verifications; that being, proof that potential benefits were being pursued.

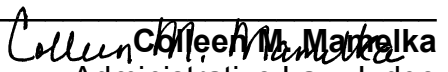
The AHR in relying on BEM 270 asserts, in essence, that because the application was denied in January, the requirement of pursuing potential benefits does not apply to the months prior to the denial. As such, the AHR argues, the [REDACTED] hospitalizations should be covered based on the MRT approval. This position is flawed in that until January 17, 2012, there was not a "past MA determination." The only determination made up until that point, was that the Claimant met the medical criteria for MA purposes. In making an MA determination, all eligibility factors, both medical and non-medical, must be met. Here, the Claimant failed to meet a non-medical criteria, that being, proof of the pursuit of benefits through the SSA. Because there was not a "past MA determination," the January 17, 2012 denial was the first and only MA determination with respect to the October 26, 2011 application. Ultimately, the Department established it acted in accordance with Department policy when it denied the Claimant's MA application based on the failure to submit requested verifications.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds the Department established it acted in accordance with department policy when it denied the Claimant's October 26, 2011 MA application.

Accordingly, it is ORDERED:

The Department's determination is AFFIRMED.


Colleen M. Matheka
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: July 26, 2012

Date Mailed: July 26, 2012

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 **MAY** 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

CMM/cl

cc:

