

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 201327328
Issue No.: 2026
Case No.: [REDACTED]
Hearing Date: May 22, 2013
County: Oakland (03)
Wayne (15)

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 Claimant's request for a hearing. After due notice, a telephone hearing was held on May 22, 2013, from Detroit, Michigan. Participants on behalf of Claimant included [REDACTED], hearing representative for [REDACTED] Claimant's Authorized Hearing Representative (AHR). Participants on behalf of the Department of Human Services (Department) included [REDACTED], Medical Contact Worker from the Greystone District Office; and [REDACTED], Assistance Payment Worker, and [REDACTED] Assistance Payment Supervisor, from the Pontiac District Office.

ISSUE

Did the Department properly deny application of Medical Assistance (MA) coverage to Claimant's April 21, 2011, medical expenses submitted to the Department on August 22, 2011?

FINDINGS OF FACT

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

1. Claimant was an ongoing recipient of MA coverage.
2. On August 22, 2011, Claimant submitted to the Department a bill for medical expenses incurred on April 21, 2011.
3. The Department denied MA coverage for the submitted expenses.

4. On January 21, 2013, Claimant's AHR filed a request for hearing concerning the Department's failure to activate Claimant's MA coverage for April 2011 medical expenses.

CONCLUSIONS OF LAW

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

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.

As a preliminary matter, the issue of the timeliness of the hearing request was addressed. The Department testified that it does not provide notice to a client concerning denial of MA coverage for submitted medical expenses. See BEM 545 (July 2011), pp 10-11. Because there was no notice of case action issued in this case, the 90-day deadline for requesting a hearing concerning a Department action was not triggered. See BAM 600 (February 2013), p 4. As such, the hearing request was deemed timely filed and the merits of the issue presented were addressed.

At the hearing, the Department explained that it denied MA coverage for Claimant's medical expenses incurred on April 21, 2011, because the bill for those expenses was submitted to the Department on August 22, 2011, more than 90 days after the services were incurred.

A client must report expenses by the last day of the third month following the month in which the group wants MA coverage (July 2011), p 9. In this case, Claimant incurred medical expenses totaling \$3502.81 on April 21, 2011. The evidence established that these expenses were not reported to the Department prior to August 22, 2011. Because Claimant wanted MA coverage for April 2011 but he did not report these expenses by the last day of July 2011 (the third month after April 2011), the Department acted in accordance with Department policy when it denied MA coverage for the April 2011 medical expenses. Although Claimant's AHR contends that the Department was required to send a verification checklist to Claimant requesting that she identify her expenses, Department policy puts the burden on the client to report and verify medical expenses. See BEM 545, p 9; see also and the Department of Human Services Reference Forms and Publications Manual (RFF) 617, p 2.

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 acted in accordance with Department policy when it denied Claimant's MA coverage for April 2011 medical expenses submitted in August 2011.

Accordingly, the Department's decision is AFFIRMED.



Alice C. Elkin
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 6/4/2013

Date Mailed: 6/4/2013

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

ACE/hw

cc:

