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

#### IN THE MATTER OF:



 Reg. No.:
 2013-31660

 Issue No.:
 2006

 Case No.:
 June 6, 2013

 Hearing Date:
 June 6, 2013

 County:
 Oakland (02)

### ADMINISTRATIVE LAW JUDGE: Jan Leventer

## **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 June 6, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and her Authorized Representative, Participants on behalf of the Department of Human Services (Department) included **Contemport**, Eligibility Specialist and **Contemport**, Office of Child Support Lead Specialist.

#### **ISSUE**

Due to excess income, did the Department properly  $\boxtimes$  deny the Claimant's application  $\square$  close Claimant's case  $\square$  reduce Claimant's benefits for:

- Family Independence Program (FIP)?
- Food Assistance Program (FAP)?
- Medical Assistance (MA)?

- Adult Medical Assistance (AMP)?
- State Disability Assistance (SDA)?
- Child Development and Care (CDC)?

#### **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 🛛 applied for benefits for: 🗌 received benefits for:

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

Medical Assistance (MA).

- Adult Medical Assistance (AMP).
- State Disability Assistance (SDA).
- Child Development and Care (CDC).

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- 2. On February 1, 2013, the Department denied Claimant's application
   Closed Claimant's case reduced Claimant's benefits
   for the month of December, 2012 only, due to a determination that she failed to cooperate with the Office of Child Support.
- On January 16, 2013, the Department sent
   □ Claimant □ Claimant's Authorized Representative (AR)
   notice of the □ closure. □ reduction.

## 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 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 (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

Additionally, the following findings of fact and conclusions of law are entered in this case. On December 3, 2012, Claimant applied for Medicaid benefits. Her application stated the name and address of the father of her two children, Amelia and Griffin Pawluk. However, the Department assigned the date of January 3, 2013, as the effective date of her cooperation with the Department's Office of Child Support.

Bridges Administrative Manual (BAM) 105, "Rights and Responsibilities," requires the Department to determine eligibility, provide benefits and protect client rights. The client for her part must cooperate with all of the Department's requests for information needed to determine eligibility, provide benefits and protect client rights. Department of Human Services Bridges Administrative Manual (BAM) 105 (2013).

In this case it is clear that the Claimant was fully cooperative as of December 3, 2012, but the Department failed to assign that date as her date of cooperation. By its action the Department denied Claimant benefits to which she was rightfully entitled, i.e., December, 2012 Medicaid benefits. This amounts to a failure to protect client rights to benefits, and the Department shall be reversed.

 $\boxtimes$  denied Claimant's application

reduced Claimant's benefits
closed Claimant's case

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

# **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  $\square$  AMP  $\square$  FIP  $\square$  FAP  $\boxtimes$  MA  $\square$  SDA  $\square$  CDC decision is  $\square$  AFFIRMED  $\boxtimes$  REVERSED for the reasons stated on the record.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING ACTION WITHIN TEN DAYS OF THE MAILING DATE OF THIS ORDER:

- 1. Assign the date of December 3, 2012, as the date of Claimant's cooperation with the Office of Child Support.
- 2. Provide retroactive and ongoing MA benefits to Claimant as of December 3, 2012.
- 3. Correct Claimant's file to reflect that her date of cooperation is December 3, 2012.
- 4. All steps shall be taken in accordance with Department policy and procedure.

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Jan Leventer Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: June 12, 2013

Date Mailed: June 12, 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 <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 affect the substantial rights of the claimant,
  - 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

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