

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 2013-5629  
Issue No.: 2006  
Case No.: ██████████  
Hearing Date: March 28, 2013  
County: Wayne (41)

**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 March 28, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant's Authorized Representative, ██████████. The Claimant did not appear. Participants on behalf of the Department of Human Services (Department) included ██████████, Medical Contact Worker.

On May 14, 2013, the case was reassigned to Administrative Law Judge Jan Leventer for preparation of the decision and order.

**ISSUE**

Did the Department properly  deny Claimant's application  close Claimant's case for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?  | <input type="checkbox"/> Adult Medical Assistance (AMP)?    |
| <input type="checkbox"/> Food Assistance Program (FAP)?      | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> 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  received benefits for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP).  | <input type="checkbox"/> Adult Medical Assistance (AMP).    |
| <input type="checkbox"/> Food Assistance Program (FAP).      | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input checked="" type="checkbox"/> Medical Assistance (MA). | <input type="checkbox"/> Child Development and Care (CDC).  |

2. On July 12, 2012, the Department  denied Claimant's application  closed Claimant's case due to a determination that she failed to verify her checking account and provide shelter expenses.

3. On July 12, 2012, the Department sent  Claimant  Claimant's Authorized Representative (AR) notice of the  denial.  closure.

4. On October 10, 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 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 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.

Additionally, the following findings of fact and conclusions of law are entered in this case. On March 29, 2012, Claimant filed a Department Filing Form, DHS-1171-F ("Form F"), applying for Medicaid benefits. Form F guarantees that the customer's filing date will be the date on the Filing Form. The customer may complete the application at a later date while maintaining the earlier filing date. Dept. Exh. 1, p. 9.

On July 12, 2012, the Department denied Claimant's "5/29/2012 and Retro" application. Dept. Exh. 1, pp. 6-7. It would appear, therefore, that in this case the Department erred and denied a nonexistent application. The Department also in this case references as its Exhibit 4, a June 3, 2012 application, stating that Claimant signed and returned it to her specialist. However, the Department's Exhibit 4 is an application with a handwritten date of March 4, 2012. There is no June 3, 2012 application in the record. *Id.*, pp. 2, 6-7, 18-39.

The Department presented no reason for the discrepancy between the March 29, 2012 and May 29, 2012 application dates. The Department did not specify what the Claimant's official application date should be.

Bridges Administrative Manual (BAM) 105, "Rights and Responsibilities," requires the Department to determine eligibility, provide benefits and protect client rights. In this case, having considered all of the evidence as a whole, it is found and determined that the Department failed to protect Claimant's filing date of March 29, 2012, thus abridging her right to full coverage in the MA program.

It is found and determined that the Department failed to assign the correct filing date in this case, and, the Department obfuscated the question by presenting the April 4, May 29, and June 3 references in evidence. The Department's lack of care in protecting Claimant's application date renders the Department's testimony in this case unreliable and unhelpful. It is impossible to find otherwise than that the Department failed to protect Claimant's rights in this case. The Department shall be reversed.

Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department

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

for:     AMP    FIP    FAP    MA    SDA    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  
 did act properly.         did not act properly.

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

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING WITHIN TEN (10) DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reinstate Claimant's MA and retro MA application.
2. Redetermine Claimant's eligibility, using all available income, asset and medical information.
3. Provide MA and retroactive MA to Claimant at the benefit level to which she is entitled.

4. All steps shall be taken in accordance with Department policy and procedure.

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

Date Signed: June 5, 2013

Date Mailed: June 5, 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 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

JL/cl

cc: 