

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2013-6222  
Issue No.: 2006  
Case No.: [REDACTED]  
Hearing Date: March 14, 2013  
County: Wayne (82)

**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 14, 2013, from Detroit, Michigan. The Claimant did not appear. Participants on behalf of Claimant included [REDACTED] Legal Guardian and Authorized Representative for Claimant, and [REDACTED], Business Manager, Hartland Health Care Center, Allen Park. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Assistance Payments Supervisor and [REDACTED], Eligibility Specialist.

**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 September 24, 2012, the Department  
 denied Claimant's application     closed Claimant's case  
due to a determination that Claimant failed to verify a life insurance policy.
3. On September 24, 2012, the Department sent  
 Claimant     Claimant's Authorized Representative (AR)  
notice of the     denial.     closure.
4. On October 17, 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.

The following additional findings of fact and conclusions of law are entered in this case. Claimant is approximately ninety-seven (97) years old and was born about [REDACTED]. Dept. Exh. 1, p. 5.

On May 10, 2011, the [REDACTED] issued Letters of Guardianship appointing [REDACTED] as Claimant's Legal Guardian. *Id.*, p. 4.

On August 8, 2012, Claimant applied for Medicaid and retroactive Medicaid benefits. At the time, [REDACTED] was Claimant's Legal Guardian. The application did not list life insurance as an asset.

On August 27, 2012, the Department sent Claimant a Verification Checklist requesting information about a [REDACTED] Company insurance policy. At the hearing the Department could not explain when, or where, the insurance information came from, other than to state it was in the Department's computer data base. The Department could not testify who gave them the information and in what document the information could be found. *Id.*, pp. 6-7.

The Department's Bridges Administrative Manual (BAM) 130, "Verification and Collateral Contacts," is applicable in this case. Department of Human Services Bridges Administrative Manual (BAM) 130 (2012). This policy requires the Department to verify customer assets. In MA cases, the Department is required to provide up to three extensions of time when the customer makes a reasonable effort and cannot obtain verification. *Id.*, p. 5.

In this case the Department failed to provide any extensions of time for the Claimant to retrieve the necessary information. The Claimant produced another item of verification, his bank account information, in a timely fashion, but needed more time to contact MetLife for insurance information. ██████ ultimately refused to give any information other than that Claimant did not own an insurance policy with them.

At the hearing the Department did not dispute that it subsequently learned Claimant did not own a life insurance policy, and that the policy or policies about which they inquired belonged to another person and not to Claimant. This information should have been accepted by the Department and the application should have been processed.

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.

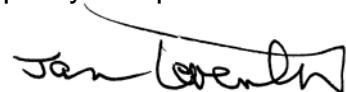
**DECISION AND ORDER**

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 SHALL INITIATE WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER, THE FOLLOWING:

1. Reinstatement and process Claimant's MA application.
2. Provide retroactive and ongoing MA benefits to Claimant at the benefit level to which he is entitled.
3. 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: March 18, 2013

Date Mailed: March 18, 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

JL/tm

cc:

