

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

IN THE MATTER OF:

██████████
██████████
██████████

Reg. No.: 2014-7800
Issue No.: 2018
Case No.: ██████████
Hearing Date: November 25, 2013
County: Wayne (82-55)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on November 25, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████ ██████████
██████████

ISSUE

Did the Department properly deny Claimant's application for Medical Assistance (MA)?

FINDINGS OF FACT

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

1. On July 9, 2013, Claimant applied online for MA and Food Assistance Program (FAP) benefits.
2. On July 10, 2013, the Department sent Claimant a Notice of Case Action denying her coverage under the Adult Medical Program (AMP) because enrollment under the program was closed to new enrollees.
3. On July 16, 2013, the Department sent Claimant a Notice of Case Action approving her FAP application.

4. On October 14, 2013, Claimant filed a hearing request concerning the denial of her MA application with the Michigan Administrative Hearing System (MAHS), which was forwarded to the Department's local office on October 18, 2013.

CONCLUSIONS OF LAW

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

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

Additionally, Claimant requested a hearing concerning the denial of her July 9, 2013, MA application.

At the hearing, the Department testified that it sent Claimant a Notice of Case Action on July 10, 2013, denying her AMP coverage due to a freeze in enrollment. AMP, which provides limited medical services for persons not eligible for MA coverage [BEM 100 (January 2013), p. 4], was closed to new enrollees in July 2013, the month of Claimant's application. Therefore, the Department acted in accordance with Department policy when it denied Claimant's July 9, 2013, application for AMP coverage. See BEM 640 (October 2012), p. 1.

Although Claimant testified that she received a denial of her MA application, it is unclear when the Department sent Claimant a Notice of Case Action concerning her MA eligibility. At the hearing, the Department contended that because Claimant did not identify herself as blind, disabled, pregnant, the parent/caretaker of a dependent child, under age 21 or 65 or older, Claimant was not eligible for MA.

An individual may receive MA coverage if she qualifies under a FIP-related MA category or an SSI-related MA category. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare, or formerly blind or disabled. BEM 105 (July 2013), p. 1. To receive MA under a FIP-related category, the person must have dependent children, be a caretaker relative of dependent children, be under age 21, or be a pregnant or recently pregnant woman. BEM 105, p. 1.

In this case, Claimant verified at the hearing that she was 54 years old, not the parent of a minor child in the home, not blind, and not pregnant at the time of her application. She explained, however, that she had medical conditions for which she was seeking treatment. She acknowledged that she did not identify herself as disabled on her

application but testified that she explained her medical conditions in the comments section of the application. She also explained that she brought in medical documentation explaining her condition and gave those documents, as well as other requested documents, to her worker at her interview.

A review of Claimant's application confirms that she did not identify herself as disabled. She indicated in the "additional information" section of her application that she had no health insurance, that her doctor told her she needed an operation, and that she had heavy bleeding that caused her to be weak at times and in a lot of pain in the pelvic area. The paperwork she provided to the Department at her interview was a pelvic ultrasound reading and associated fee.

In order for the Department to process an application for disability-based MA, the client must claim a disability or blindness. BAM 815 (July 2013), p. 2. In this case, although Claimant identified her need for medical services in her application, she did not identify herself as disabled. The ultrasound reading and fee provided to the Department worker were not sufficient to put the Department on notice that Claimant was alleging a disability. Thus, the Department acted in accordance with Department policy when it did not process Claimant's MA application for eligibility for disability-based MA.

Because Claimant was not eligible for FIP- or SSI-related MA, the Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it denied her July 9, 2013, MA application.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.



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

Date Signed: December 2, 2013

Date Mailed: December 2, 2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

ACE/pf

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]