

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
██

Reg. No.: 2013 18348  
Issue No.: 2006  
Case No.: ██████████  
Hearing Date: May 2, 2013  
County: Oakland County (03)

**ADMINISTRATIVE LAW JUDGE:** Lynn M. Ferris

**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 2, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant's Authorized Hearing Representative, (AHR), ██████████, of ██████████. Participants on behalf of the Department of Human Services (Department) included ██████████, Assistance Payment's Supervisor.

**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 January 1, 2011 , the Department  
 denied Claimant's application       closed Claimant's case  
due to failure to complete a redetermination dated 11/16/10.
3. On On Janaury 28, 2011, the Department sent  
 Claimant       Claimant's Authorized Representative (AR)  
notice of the       denial.       closure
4. The department did not provide Notice of the Redetermination to the Claimant's Authorized hearing representative.
5. The Claimant has been represented by L & S Associates since notice of Authorization to Represent filed 12/29/10.
6. After the hearing the AHR for L&S in attendance at the hearing advised both the Department and the undersigned in writing that the April 2011 medical bills were never submitted to the Department and corrected her representation on the record that the April 2011 bills were submitted.
7. The Department has not received or processed medical bills incurred in April 2011 as the Claimant's Medical Assistance case is currently closed.
8. On December 6, 2012, Claimant's AHR 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 Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, the Child Care and Development Block Grant of 1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.

Additionally, in this case the Claimant's AHR provided the Department notice that it was the Claimant's representative as of December 29, 2010. Thereafter the Claimant's case was open and then closed in January 2011 for failure to complete the redetermination.

The Claimant 's AHR never received the redetermination and thus it was not completed and the case closed. The Claimant's AHR in this case seeks to submit medical bills to be processed for in April 2011 pursuant to a spenddown. The medical bills were not processed by the Department as they were not submitted because the case was closed. . A help desk ticket was pursued by the Department, it was ultimately unclear what the help desk ticket regarded. Under these circumstances the Department's closure of the Claimant's MA case without providing a copy of the redetermination to the Claimant's AHR, as conceded by the Department was incorrect and thus the closure was in error and the Department's actions closing the case was incorrect.

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**

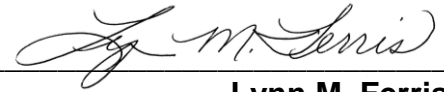
The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department  
 did act properly.       did not act properly.

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 DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department shall reinstate the Claimant's MA case retroactive to the date of closure January 1, 2011 and process the redetermination to determine ongoing eligibility of the Claimant for MA.
2. The Department shall provide a copy of the redetermination to the Claimant and the Claimant's AHR L & S Associates.
3. The Department shall upon completion of the redetermination, determine Claimant's MA eligibility and effectuate ongoing MA coverage as appropriate.
4. L & S Associates shall provide the Department copies of the April 2011 medical bills for reimbursement, assuming the Claimant is deemed otherwise eligible for medical assistance after completion of the redetermination.

5. The Department shall process the April 2011 medical bills upon completion of the redetermination and shall effectuate payment for the medical bills which are subject to reimbursement in accordance with Department policy.



**Lynn M. Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: May 21, 2013

Date Mailed: May 22, 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

LMF/tm

cc: [REDACTED]  
[REDACTED]  
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