

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

**IN THE MATTER OF:**

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

Reg. No.: 2013 22890  
Issue No.: 2006, 2001  
Case No.: ██████████  
Hearing Date: May 13, 2013  
County: Wayne (17)

**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 13, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ES, Medical Contact Worker.

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly  deny Claimant's application  close Claimant's case  reduce Claimant's benefits for:

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

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant  applied for  was receiving: FIP FAP MA SDA CDC AMP.
2. Claimant was required to submit requested verification by December 21, 2012.
3. On December 27, 2012, the Department  denied Claimant's application.

4. On December 11, 2012 (AMP), December 27, 2012(MA), the Department sent notice of the  
 denial of Claimant's application.
5. On December 20, 2012, Claimant filed a hearing request, protesting the  
 denial of Claimant's application for AMP and Medical Assistance based on Disability.

### **CONCLUSIONS OF LAW**

Department policies are found 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.

The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq.* Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Additionally, in this case Claimant requested a hearing regarding the denial of her applications for the Adult Medical Program and Medical Assistance Application based upon disability. At the hearing the Department indicated that the Claimant had an Authorized Hearing Representative, but could not say who the AHR was specifically. A verification checklist which formed the basis for the Medical Assistance denial for failure to return the medical packet requested information, and which was the one of the issues to be addressed at the hearing, was not provided at the hearing or included in the hearing packet. None of the Notices of Case Action were provided. The Department also did not have a case file available.

At the hearing the Department presented evidence that the Claimant's Adult Medical Program (AMP) application was denied because the AMP program was closed in November 2012. The undersigned is aware that the Program was closed at this time and therefore takes judicial notice of the fact that the AMP program was not available and that the application for AMP by the Claimant was properly denied.

As regards the application for Medical Assistance based upon disability, it is determined that the Department improperly denied the application. The Claimant credibly testified that she called the Department seeking assistance prior to the date the verification of medical documentation was due and advised the Department that she was having difficulty obtaining the medical records from Henry Ford Hospital and did not have money to obtain the records. Additionally, the Claimant indicated that she advised the

Department that she needed assistance. In light of the decision finding the Department should not have denied the application under this circumstance, it is also determined that when reprocessing the application the Department must assist the Claimant in obtaining the records so the medical information can be processed to MRT for its determination. The second reason it is determined that the application was not properly denied is that the Department did not establish from the record it presented, whether the verification checklist (VCL) was sent to the Claimant's AHR. For these reasons it is determined that the Claimant did not refuse to cooperate, should have been assisted by the Department to obtain the necessary medical records and further that because the Department did not establish that the VCL was sent to the Authorized Hearing Representative, the Claimant representative did not have an opportunity to respond to the VCL and also assist the Claimant. BAM 130 (1/1/12).

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 the application for Adult Medical Program
- improperly denied Claimant's application for Medical Assistance based on disability.

### **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

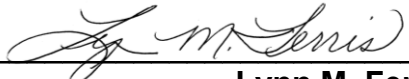
- did act properly when it denied the AMP application
- did not act properly when it denied the Medical Assistance application based upon disability.

Accordingly, the Department's decision is

- AFFIRMED with regard to the denial of the Claimant's AMP application
- REVERSED with regard to the denial of the medical assistance application for Disability.
- 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 re-register the Claimant's application for Medical Assistance which was denied as a result of the December 27, 2012 Notice of Case Action due to failure to verify information and shall initiate re-processing of the application to determine eligibility.

- The Department shall determine whether the Claimant's original application was filed by an Authorized Hearing Representative and shall provide the AHR a copy of this decision and also provide the AHR copies of any future Verification Checklists issued to the Claimant that are deemed necessary to complete the information necessary to process the application. IF no AHR is associated with the Claimant's application, the Department shall provide assistance to complete the application.

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

Date Signed: June 3, 2013

Date Mailed: June 3, 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/cl

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]