

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

IN THE MATTER OF:

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

Reg. No.: 2013-34397
Issue No.: 2009
Case No.: ██████████
Hearing Date: June 13, 2013
County: Wayne (18)

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 June 13, 2013, from Detroit, Michigan. Participants on behalf of Claimant included ██████████, Lansing. Participants on behalf of the Department of Human Services (Department) included ██████████, 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 March 7, 2013, the Department
 denied Claimant's application closed Claimant's case
due to a determination that Claimant was required to pay a Patient Pay Amount
(PPA or deductible) for the period of February 1-16, 2012..
3. On March 7, 2013, the Department sent
 Claimant Claimant's Authorized Representative (AR)
notice of the denial. closure.
4. On March 5, 2013, 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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

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.

Effective July 25, 2011, the U.S. Social Security Administration approved Claimant for Social Security benefits (Retirement, Survivors and Disability Insurance (RSDI)). Dept. Exh. 1, p. 21.

On October 20, 2011, Claimant applied to the State of Michigan Department of Human Services for Medicaid benefits, and was denied based on non-medical ineligibility.

On January 27, 2012, Claimant applied for Medicaid a second time and was denied February 6, 2012.

On February 3 and February 10, 2012, Claimant received medical treatment at B [REDACTED] [REDACTED]. These two bills are not in evidence, but they are the bills which are at issue in this case.

On May 17, 2012, Claimant applied for Medicaid a third time and was approved. *Id.*, pp. 10-11.

Claimant's May 17, 2012 application was an application for ongoing Medicaid benefits and retroactive benefits to February 1, 2012. Claimant asserts that the February 3 and February 10 hospital bills should be paid by the Medicaid program. *Id.*, pp. 32-36.

The Department asserted at the hearing in this case that the February 6, 2012 denial of Claimant's second application, was a denial that applies to the February 3 and February 10, 2012, medical treatment. The Department argues that Claimant is liable for the February 3 and February 10, 2012, medical expenses because he was not covered by Medicaid during that time.

Bridges Eligibility Manual (BEM) 260, "MA Disability/Blindness," states that "[a]ll eligibility factors must be met for each month MA is authorized." Therefore, if Claimant was ineligible in February, 2012, or a part of that month, due to a factor such as excess assets, the Department is correct that Claimant is ineligible for February or a part of that month. Department of Human Services Bridges Eligibility Manual (BEM) 260 (2012), p. 2.

In order to determine whether Claimant was ineligible for a non-medical reason, the Claimant's circumstances, and the February 6, 2012 Notice of Case Action, must be reviewed. The February 6, 2012 Notice of Case Action is not in evidence, and the Claimant's economic and other circumstances on that date are not in evidence. Accordingly, this case must be reversed in order to determine whether Claimant was otherwise eligible for MA on February 3 and February 10.

The lack of evidence on this point makes it impossible to determine with certainty that the Department acted properly in this case. The Department is required to determine eligibility and protect client rights, and it is found and determined that in this case the Department's action have been taken without a demonstrable reason. Department of Human Services Bridges Administrative Manual (BAM) 105 (2013). The Department shall be reversed and ordered to review the facts of this case.

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 ACTION WITHIN TEN DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Redetermine Claimant's eligibility for full MA benefits for February 1-16, 2012, including a review of his assets during that time.
2. Allow Claimant a reasonable opportunity to provide complete information about his assets from February 1-16, 2012.
3. Issue a Notice of Case Action which clearly states the action taken and the reason for the action.
4. Provide retroactive and ongoing MA benefits to Claimant at the benefit level to which he is entitled.
5. 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 18, 2013

Date Mailed: June 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,

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- 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/tm

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