

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

IN THE MATTER OF:

██████████
████████████████████
██

Reg. No.: 2013 35047
Issue No.: 2006
Case No.: ██████████
Hearing Date: June 19, 2013
County: Oakland (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 three way telephone hearing was held on June 19, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. ██████████

██████████ the Claimant's Authorized Hearing Representative, appeared on behalf of the claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████ Assistance Payments Supervisor, and ██████████

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. At the time of the Claimant's November 26, 2012 retro medical application the Claimant's child's father was living in the household with the Claimant and was granted MA group 2 Medicaid.
3. On December 14, 2012, the Department
 denied Claimant's application closed Claimant's case
due to 2.
4. The Department did not provide the Claimant 10 days to cooperate with the Office of Child support when the application was made as part of the verification checklist.
5. On December 14, 2012, the Department sent
 Claimant Claimant's Authorized Representative (AR)
notice of the denial. closure.
6. On March 8, 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 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 facts as established in this case indicate that at the time of the retroactive application dated November 26, 2012 the Department did not seek to verify and allow the Claimant to demonstrate cooperation with the Office of Child Support. BEM 255, pp 10 provides that at application, the client has 10 days to cooperate with the OCS. Bridges informs the client to contact OCS in the verification checklist (VCL). The disqualification is imposed if client fails to cooperate on or before the VCL due date when all of the following are true: there is a non-cooperation begin date, there is not a subsequent comply date and support/paternity is still a factor, and good cause has not been granted nor is a claim pending.... In this case the Claimant was not advised at application that she was in noncompliance and was not afforded 10 days to comply. Therefore the Department did not properly follow Department policy when it denied the application. Additionally the Claimant credibly testified that she was never provided notice of the opportunity for sanction removal as a result of the November 26, 2012 retro medical assistance application. It is also noteworthy that the father of the child whose paternity was in question was in the Claimant's home and was granted group 2

caretaker medical eligibility as a result of the Claimant's application for medical assistance. It was also unclear how the OCS determined the Claimant's compliance as of November 30, 2012.

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 and reprocess the Claimant's retroactive medical assistance application dated November 26, 2012 and shall issue a verification checklist notifying the Claimant that she must contact the Office of Child Support and advise the Department to address her non-cooperation status prior to November 30, 2012 in accordance with DHS policy and determine eligibility accordingly for October 2012.



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

Date Signed: July 1, 2013

Date Mailed: July 1, 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]
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