

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

IN THE MATTER OF:

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

Reg. No.: 2013-65415
Issue No.: 2018
Case No.: ██████████
Hearing Date: October 16, 2013
County: Wayne (15)

ADMINISTRATIVE LAW JUDGE: Zainab Baydoun

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 October 16, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. 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:

- | | |
|--|---|
| ☐ Family Independence Program (FIP)? | ☐ State Disability Assistance (SDA)? |
| ☐ Food Assistance Program (FAP)? | ☐ Child Development and Care (CDC)? |
| ☒ Medical Assistance (MA)? | ☐ Direct Support Services (DSS)? |
| ☐ Adult Medical Assistance (AMP)? | ☐ State SSI Payments (SSP)? |

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 ☐ received:
☐ FIP ☐ FAP ☒ MA ☐ AMP ☐ SDA ☐ CDC ☐ DSS ☐ SSP
benefits.
2. On June 1, 2013, the Department
☒ denied Claimant's application ☐ closed Claimant's case

due to the Adult Medical Program being closed to new enrollments and on the basis that Claimant is not blind, disabled, pregnant, parent/caretaker of a dependent child or meet age requirements.

3. On August 7, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
4. On August 14, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

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), and Department of Human Services Reference Tables Manual (RFT).

☒ 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, the Department testified that Claimant was previously receiving MA benefits under the Low Income Families (LIF) program and that her case had closed effective May 1, 2013 based on a failure to complete a redetermination. That case closure is not in dispute. In June 2013, Claimant submitted an application for MA which was denied by the Department. At the hearing, the Department testified that Claimant's MA application was denied because the Adult Medical Program was closed to new enrollments and because Claimant is not blind, disabled, pregnant, parent/caretaker of a dependent child or meet age requirements. (Exhibit 1).

Claimant testified that three of her children, ages 13, 7, and 2 live with her in the home and that she is their primary caretaker. Claimant stated that there have been no changes in her income or circumstances since she was last receiving MA under the LIF program. If eligible, families with dependent children and caretaker relatives of dependent children receive MA under FIP-related categories. BEM 105 (July 2013), p.1. The Department was unable to explain why Claimant was no longer eligible for LIF and did not present any evidence that establishes that Claimant's eligibility for all other FIP related MA categories was considered. BEM 105, pp. 1-4.

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department

☒ failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied Claimant's MA applicaiton and determined she was ineligible for any MA program.

DECISION AND ORDER

Accordingly, the Department's decision is

- ☐ AFFIRMED.
☒ REVERSED.
☐ AFFIRMED IN PART with respect to _____ and REVERSED IN PART with respect to _____.
- ☒ THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:
1. Register and reprocess Claimant's June 2013 application for MA benefits to determine her eligibility for the most beneficial MA program;
 2. Issue supplements to Claimant for any MA benefits that she was eligible to receive but did not from June 2013 ongoing; and
 3. Notify Claimant in writing of its decision.



Zainab Baydoun
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: October 21, 2013

Date Mailed: October 22, 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

ZB/tm

cc:

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