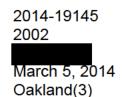
STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No.: Issue No.: Case No.: Hearing Date: County:



ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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, telephone hearing was held on Wednesday, March 5, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included **ADMIN**, APW.

ISSUE

Did the Department properly 🛛 deny Claimant's application for:

Family Independence Program (FIP)?

Food Assistance Program (FAP)?

Medical Assistance (MA)?

- Adult Medical Assistance (AMP)?
- State Disability Assistance (SDA)?
 Child Development and Care (CDC)?
 Direct Support Services (DSS)?
 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 \boxtimes received: \boxtimes MA benefits.
- 2. On October 10, 2013, the Department ⊠ denied Claimant's application due to the Department Caseworker putting that the Claimant incurred medical expenses on October 7, 2013 instead of October 4, 2013.
- 3. On October 10, 2013, the Department sent Claimant its decision.

4. On December 20, 2013, Claimant 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 Claimant submitted on October 7, 2013 medical expenses that she incurred on October 7, 2013. On October 7, 2013, the Department Caseworker quickly entered on BRIDGES that the medical expenses were incurred on October 7, 2013, which resulted in the Claimant being eligible for MA coverage beginning on October 7, 2013 (Department Exhibit 16) with a notice sent to the Claimant on October 10, 2013. Department Exhibit 8-13. The Claimant received and the was submitted to the Department on December 20, 2013. Claimant Exhibit 3-5. The Department cited BEM 554, FAP ALLOWABLE EXPENSES AND EXPENSE BUDGETING, which is an inaccurate policy cite.

During the hearing, the Claimant stated that the 4th of the month is her regularly scheduled **and the end**. However, on October 4, 2013, the treatment facility was unable to give her a bill to submit to the Department to meet her deductible. The Claimant stated that she called her Department Caseworker to inform her of the issue, but the record reflects that she did not call until October 8, 2013. Department Exhibit c and Claimant Exhibit 4. The Department Caseworker put the Claimant's eligibility for MA on the system on October 7, 2013. The call on October 8, 2013 by the Claimant to her Department Caseworker was too late for the October 7, 2013 MA eligibility date. The Department Caseworker thought that she could submit a correction date to October 4, 2014, but found out later that she could not make the change basede on Department policy.

BEM 545 11 of 31 MA GROUP 2 INCOME ELIGIBILITY

Meeting a Deductible, page 11 Meeting a deductible means reporting and verifying allowable medical expenses (defined in "XHIBIT I) that equal or exceed the deductible amount for the calendar month tested. The group must report expenses by the last day of the third month following the month in which the group wants MA coverage. BAM 130 explains verification and timeliness standards.

Use the NON-L/H PAST AND PROCESSING MONTHS section for non-L/H months and the "L/H PAST AND PROCESSING MONTHS" section for L/H months to determine both:

The order in which to deduct expenses. When to identify a group's liability.

"IDENTIFYING A GROUP'S LIABILITY explains how to determine the group's share of its expense(s) on the first day of MA coverage.

Adding MA Coverage

Add periods of MA coverage each time the group meets its deductible; see INSTRUCTIONS for details.

Expenses Reported After Coverage Authorized, page 12-13

A group may report additional expenses that were incurred prior to the MA eligibility begin date you calculated for that month.

Do not alter the MA eligibility begin date if you have already authorized coverage on Bridges. However, any expenses the group reports that were incurred from the first of such a month through the day before the MA eligibility begin date might be countable as old bills.

This Administrative Law Judge finds that the Department correctly and properly followed policy in determining the Claimant's MA eligibility begin date based on the bills submitted first. Even though the Department Caseworker would have liked to change the date, she is unable to accommodate the Claimant's request because policy will not allow her. The October 4, 2013 bill will have to be used as an old bill in qualifying for subsequent MA months.

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 \boxtimes acted in accordance with Department policy when it followed policy in determining the Claimant's MA eligibility begin date based on the bills submitted first. The October 4, 2013 bill will have to be used as an old bill in qualifying for subsequent MA months..

DECISION AND ORDER

Accordingly, the Department's decision is \square **AFFIRMED**.

Carmon I. Salvie

Carmen G. Fahie Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: 3/26/14

Date Mailed: 3/27/14

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 Claimant;
- 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

