

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-008695  
Issue No.: 2011  
Case No.: [REDACTED]  
Hearing Date: October 02, 2014  
County: Ingham

**ADMINISTRATIVE LAW JUDGE: Kevin Scully**

**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 2, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant's authorized hearings representative [REDACTED] of [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED] and [REDACTED].

**ISSUE**

Did the Department properly deny the Claimant's application for Medical Assistance (MA) based on non-cooperation with the Office of Child Support.?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Claimant is listed as the head of a household of ongoing Medical Assistance (MA) recipients, but has been sanctioned from receiving Medical Assistance (MA) herself due to an ongoing non-cooperation sanction issued by the Office of Child Support.
2. The Department notified the Claimant that she had been found to be non-cooperative with the Office of Child Support on July 12, 2013.
3. On February 13, 2014, the Claimant's representative submitted an application on her behalf.
4. The Department did not apply Medical Assistance (MA) benefits towards medical expenses incurred in February of 2014, and reported to the Department on April 4, 2014.
5. On July 9, 2014, the Department received the Claimant's request for a hearing, protesting the Department's failure to approve Medical Assistance (MA) benefits for the February 4, 2014, medical expenses.

## 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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Families are strengthened when children's needs are met. Parents have a responsibility to meet their children's needs by providing support and/or cooperating with the department, including the Office of Child Support (OCS), the Friend of the Court (FOC) and the prosecuting attorney to establish paternity and/or obtain support from an absent parent. The custodial parent or alternative caretaker of children must comply with all requests for action or information needed to establish paternity and/or obtain child support on behalf of children for whom they receive assistance, unless a claim of good cause for not cooperating has been granted or is pending. Failure to cooperate without good cause results in disqualification. Disqualification includes member removal, as well as denial or closure of program benefits. Department of Human Services Bridges Eligibility Manual (BEM) 255 (October 1, 2014), pp 1-2.

Failure to cooperate without good cause results in member disqualification. The adult member who fails to cooperate is not eligible for MA when both of the following are true:

- The child for whom support/paternity action is required receives MA.
- The individual and child live together. BEM 255, p 13.

At application, client has 10 days to cooperate with the OCS. Bridges informs the client to contact the OCS in the verification check list (VCL). Ask a disqualified client at application, redetermination or reinstatement if they are willing to cooperate. A disqualified member may indicate willingness to cooperate at any time. BEM 255, pp 11-12.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. Department of Human Services Bridges Administrative Manual (BAM) 130 (October 1, 2014), p 1.

The Claimant was not eligible to receive Medical Assistance (MA) when her representative submitted a new application for Medical Assistance (MA) on February 13, 2014. The Department denied Medical Assistance (MA) benefits for February of 2014, based on her non-cooperation with the Office of Child Support.

The Claimant's representative testified that the Claimant was willing to cooperate with the Office of Child Support's efforts to identify the absent parent of her child. The Claimant's representative argued that the Department failed to provide the Claimant with an opportunity to cooperate at the time of her application for assistance.

The Claimant's representative does not dispute that the Claimant was con-cooperative with the Office of Child Support, but a non-cooperative client may indicate a willingness to cooperate at any time.


On July 12, 2013, the Department provided the Claimant with adequate notice that she had been found to be non-cooperative with the Office of Child Support. Regardless of whether the Department sent the Claimant an opportunity to cooperate in writing at the time of her application for benefits on February 13, 2014, the Claimant had the opportunity to cooperate with the Office of Child Support at any time. The Claimant did not cooperate until March 17, 2014.

The Claimant has the burden to establish her eligibility to receive benefits, and Department policy restricts her from receiving Medical Assistance (MA) benefits until she cooperated with the Office of Child Support. In February of 2014, the Claimant was not cooperative with the Office of Child Support. Furthermore, this Administrative Law Judge finds no basis in Department policy for requiring the Department to back date the removal of a non-cooperation sanction based on her cooperation on March 17, 2014.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it denied the Claimant's Medical Assistance (MA) for February of 2014.

### **DECISION AND ORDER**

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

  
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**Kevin Scully**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **10/17/2014**

Date Mailed: **10/17/2014**

KS/las

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

cc:

