

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

**IN THE MATTER OF:**



Reg. No.: 14-001010  
Issue No.: MEDICAID - ELIGIBILITY  
Case No.: [REDACTED]  
Hearing Date: June 24, 2014  
County: JACKSON

**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, in-person hearing was held on Tuesday, June 24, 2014 from Jackson, Michigan. Participants on behalf of Claimant included the Claimant, her mother, [REDACTED], and her authorized representative, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], ES and [REDACTED], ES.

**ISSUE**

Due to a failure to comply with the Office of Child Support (OCS) requirements, did the Department properly  deny Claimant's application for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?  | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input type="checkbox"/> Food Assistance Program (FAP)?      | <input type="checkbox"/> Child Development and Care (CDC)?  |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? |   |

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant  applied for:  MA benefits.
2. The Department received a notice from the OCS that the Claimant failed to cooperate and was in non-compliance with Child Support until October 21, 2013.
3. On January 10, 2014, the Department  denied Claimant's application.

4. On January 10, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On April 1, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.

### **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 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.

Additionally, the Department denied the Claimant's MA application because she failed to cooperate with OCS to establish [REDACTED] Department Exhibit 15-24. On [REDACTED] [REDACTED] the Department Caseworker sent the Claimant a verification checklist for her to provide verification of compliance from [REDACTED]. Department Exhibit 13-14.

During the hearing, the Claimant stated that she had cooperated with OCS earlier in the summer. However, OCS sent a letter stating that the Claimant was not in non-compliance until [REDACTED]. Department Exhibit 25. The Claimant stated during the hearing that she had been in compliance before that time period. The record was left open for her to provide verification from OCS about compliance of a prior date due [REDACTED] or the Department's action would stand. On [REDACTED], the Department sent a fax that the Claimant had failed to provide the required verification.

The Department has met its burden that the Claimant was in non-compliance with OCS until [REDACTED]. As a result, the Claimant is not eligible for retroactive MA before that date of [REDACTED]. She is eligible for MA for the month of [REDACTED]. BAM 110, 115, 220, 402, and 815. BEM 105, 166, 211, 214, 260, and 261.

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 application for MA for the months of [REDACTED]. The Claimant is eligible for MA for the month of [REDACTED] because she complied with OCS on [REDACTED].

**DECISION AND ORDER**

Accordingly, the Department's decision is  AFFIRMED.

*Carman H. Fahie*

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

Date Signed: **7/29/2014**

Date Mailed: **7/30/2014**

**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 Claimant;
- 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

CGF / tb

cc:

