

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 201423301
Issue No.: 1007; 2007; 3008
Case No.: [REDACTED]
Hearing Date: February 13, 2014
County: Wayne (17)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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 February 13, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant; [REDACTED], Claimant's daughter and authorized hearing representative (AHR); and [REDACTED], Claimant's daughter. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Eligibility Specialist, and [REDACTED], Medical Contact Worker and translator.

ISSUE

Did the Department properly calculate Claimant's Food Assistance Program (FAP) benefits?

Did the Department properly calculate Claimant's Refugee Cash Assistance (RCA) benefits?

Did the Department properly activate Claimant's Medical Assistance (MA) coverage?

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, his wife and their children are refugees from Iraq.
2. Claimant was receiving FAP benefits for himself, his wife and his two children, and RCA benefits totaling \$403 monthly for himself and his wife.

3. Claimant was receiving medical coverage under the Refugee Medical Assistance (RMA) program.
4. In November 2013, the Social Security Administration (SSA) approved Claimant for Supplemental Security Income (SSI) benefits.
5. Effective November 1, 2013, the Department reduced Claimant's RCA benefits to \$158.
6. Effective November 1, 2013, Claimant received MA coverage for SSI recipients.
7. On January 3, 2014, Claimant filed a request for hearing disputing the amount of his RCA and FAP benefits and the closure of his MA case.

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 Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) programs are established pursuant to 45 CFR 400 and 401 and the Victims of Trafficking and Violence Protection Act of 2000, P.L. 106-386, Section 107. The Department administers the programs pursuant to MCL 400.10 and 500.57a.

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

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, Claimant requested a hearing disputing the calculation of his monthly FAP and monthly RCA benefits and the closure of his MA case. His request was tied to a Notice of Case Action dated December 7, 2013. In its hearing summary, the Department asserted that Claimant was active for all programs and contended that the hearing request lacked merit. The Department did not include the December 7, 2013 Notice of Case Action with its hearing packet. At the hearing, the status of each program for which Claimant requested a hearing was reviewed.

FAP Benefits

The Department failed to provide a copy of Claimant's FAP budget to show the information considered in calculating Claimant's monthly benefits. While there was an attempt to review the information used in the net income budget, the Department was not prepared to explain Claimant's budget on the record. Therefore, the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it calculated Claimant's monthly FAP allotment.

RCA Benefits

The Department explained that, once Claimant became eligible for SSI, the group's RCA benefits decreased from \$403 monthly to \$158 months.

RCA is a cash program for refugees who are not eligible for the Family Independence Program (FIP). BEM 630 (July 2013), p. 1. The amount of RCA benefits a group is eligible to receive is based in part on the number of individuals in the RCA eligibility determination group (EDG). BEM 209 (July 2013), pp. 3, 4. The RCA certified group means those individuals in the RCA EDG who meet all non-financial eligibility factors. BEM 215 (July 2013), p. 1. An individual and his or her spouse who live together are mandatory RCA EDG group members. BEM 215, p. 3. However, individuals who are SSI recipients have a participation status of "other adult" and they have no effect on the eligibility determination. BEM 215, p. 4. Therefore, Claimant's wife was the only *certified member* of the RCA group. BEM 215, pp. 1-2; BEM 515 (July 2013), pp. 1, 3.

The maximum RCA benefit amount that can be received is based on the certified group size. BEM 515, p. 1. An SSI recipient is an ineligible grantee and the ineligible grantee payment standard applies when the grantee is not a member of the certified group. BEM 515, p. 2. The maximum monthly RCA benefits available to an RCA group with an ineligible grantee and a single certified member is \$158. RFT 210 (January 2009), p. 1; BEM 515, p. 1.

Because Claimant, as a SSI recipient and head of household, was an ineligible grantee and his wife was the sole member of the certified group, the Department acted in accordance with Department policy when it concluded that the group was eligible for monthly RCA benefits of \$158.

Claimant is advised that if his wife is designated as head of household, her status as an eligible RCA grantee may result in greater RCA benefits after the change in grantee status occurs.

MA Coverage

Claimant had been receiving medical coverage under the RMA program. RMA is a medical program for refugees who are not eligible for other Medicaid (MA) programs. BEM 630 (July 2013), p. 1. Before terminating a client's RMA case, the Department must conduct an ex parte review of the client's eligibility for MA coverage under all categories. BEM 630, p. 5. RMA coverage is terminated when the client becomes eligible for MA. BEM 630, p. 8.

In this case, the Department testified that when Claimant became eligible for SSI, he received automatic MA coverage for SSI recipients effective November 1, 2013. See

BEM 150 (July 2013), p. 1. The Department established that Claimant was active for MA for SSI recipients beginning November 1, 2013 and continued to be active as of the hearing date. However, Claimant's daughters testified that Claimant's providers had not been able to bill and receive payment for medical services rendered to Claimant since he began receiving MA coverage for SSI recipients. The Department conjectured that, because Claimant was over age 65 and not a citizen, he was not eligible for Medicare, and consequently, the SSA had blocked his receipt of SSI MA coverage.

If a person qualifies for medical coverage under more than one category, he is entitled to coverage under the most beneficial category. BEM 105 (July 2013), p. 2. The most beneficial category is the one that results in eligibility. BEM 105, p. 2.

In this case, Claimant was eligible for medical coverage either under the MA for SSI recipient program or under the RMA program. The Department is required to provide the most beneficial coverage available to him, which would include coverage that allows Claimant's providers to bill and receive payment for medical services to Claimant. In this case, the Department did not act in accordance with Department policy in providing Claimant with medical coverage that did not afford the providers with payment.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED IN PART with respect to the calculation of RCA benefits and REVERSED IN PART with respect to calculation of FAP benefits and medical insurance coverage provided.

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. Recalculate Claimant's FAP benefits from November 1, 2013 ongoing;
2. Notify Claimant of its FAP decision in writing;
3. Issue supplements to Claimant for any FAP benefits he was eligible to receive but did not from November 1, 2013 ongoing
4. Provide Claimant with the most beneficial medical coverage he is eligible to receive from November 1, 2013, ongoing; and
5. Allow Claimant's providers to bill and receive payment for allowable medical services rendered to Claimant from November 1, 2013 ongoing.



Alice C. Elkin

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

Date Signed: February 19, 2014

Date Mailed: February 19, 2014

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

ACE/tlf

cc:

