

DEPARTMENT OF COMMUNITY HEALTH
MEDICAL SERVICES ADMINISTRATION
MEDICAL ASSISTANCE FOR THE AGED

(By authority conferred on the department of social services by section 6 of Act No. 280 of the Public Acts of 1939, as amended, being S400.6 of the Michigan Compiled Laws)

R 400.501 Living with the spouse.

Rule 501. As found in Act No. 2 of the Public Acts of 1960, First Extra Session, hereinafter referred to in these rules for medical assistance for the aged as "the act," the phrase "living with the spouse" applies to all married clients, except in case of legal separation, estranged separation, or deportation.

History: 1979 AC.

R 400.502 Rescinded.

History: 1979 AC.

R 400.503 Disclosure of information.

Rule 503. Records of recipients and former recipients are confidential and no information concerning them or their existence may be given out, except when necessary for purposes related to the administration of public assistance, including recovery of assistance granted. When necessary to give information, R 400.6(2), (3), and (4) of part 1 of the rules of the commission will be followed.

History: 1979 AC.

R 400.504 Enforcement of patient's rights to services under this act.

Rule 504. If the state department finds that the county social welfare board has refused to provide the services for which a patient has been certified as eligible by the county bureau of social aid, the state department will provide the services and deduct the cost thereof, including reasonable costs of administration, from moneys owing or to be owing the county by the state department.

History: 1979 AC.

R 400.505 Reduction of services.

Rule 505. When, for financial reasons, the commission must reduce services, it may (a) discontinue some or all services for a month or months as determined by the commission after 30 days' notice has been given to the county social welfare board or (b) it may establish a time limitation on some or all services available to new or reinstated clients.

History: 1979 AC.

R 400.506 Hearings.

Rule 506. The patient shall be informed in writing of his right to appeal any decision made concerning his application or his medical assistance and of his right to a hearing. Hearings will follow the procedures prescribed by the rules for public assistance hearings, R 400.7 of part 1 of the rules of the commission.

History: 1979 AC.

R 400.507 Rescinded.

History: 1979 AC.

R 400.508 Intercounty disputes.

Rule 508. Disputes between 2 or more counties relating to interpretations of the act and claims thereunder may be settled by the social welfare commission in the same manner as prescribed in part 2 of the rules of the commission for appeals of settlement disputes.

History: 1979 AC.

R 400.509 Coverage in respect to services.

Rule 509. The state department shall, in consultation with the state commissioner of insurance, determine what hospital and physicians' services are "furnished" under the 2 contracts in the act and in effect on September 1, 1960, and on file with the insurance commissioner. Such determination shall be implemented in written instructions to the county social welfare departments and bureaus of social aid as shall be deemed necessary from time to time.

History: 1979 AC.

R 400.510 Rescinded.

History: 1979 AC.

R 400.511 Reconsideration of eligibility for assistance.

Rule 511. Eligibility for assistance granted under this act shall be reconsidered from time to time as circumstances may require, and such reinvestigation, including redetermination of medical need, shall be made at least once in each 12 months.

History: 1979 AC.

R 400.512 Definition of acute illness.

Rule 512. "Hospitalization for an acute illness" is defined as in-patient care in an approved hospital for: (a) an illness, injury, or defect which has arisen within 60 days immediately prior to date of entry into the hospital, or (b) admission to the hospital for an exacerbation of an illness, injury, or defect which has existed more than 60 days prior to admission, or (c) surgery.

History: 1979 AC.

R 400.513 Nursing care; 90-day limit.

Rule 513. To qualify for nursing care in a licensed nursing home a person must have received hospitalization for an acute illness and enter the nursing home for care required for the illness for which the person was hospitalized within 30 calendar days following discharge from the hospital, provided that not more than 90 days of nursing care may be approved for any MAA recipient in a 12-month period, beginning with the first day of admission to the nursing home.

History: 1979 AC.

R 400.514 Death of patient after application.

Rule 514. In the case of a patient who dies after application, services may be provided under medical assistance for the aged if eligibility can be determined and certification issued within 30 calendar days following death.

History: 1979 AC.

R 400.515 Assistance to Michigan residents.

Rule 515. The state department may pay up to 100% of the cost of medical assistance for the aged services provided to: (a) Patients who have Michigan residence but are without domicile in any Michigan county; (b) Patients who are Michigan residents but are temporarily absent from the state.

History: 1979 AC.