



**House
Legislative
Analysis
Section**

Olds Plaza Building, 10th Floor
Lansing, Michigan 48909
Phone: 517/373-6466

**STATE OPPORTUNITY AND
SECURITY PROGRAM**

House Bill 4766

**Sponsor: Rep. Sharon Gire
Committee: Human Services
and Children**

Complete to 4-28-94

A SUMMARY OF HOUSE BILL 4766 AS INTRODUCED 5-11-93

House Bill 4766 would amend the Social Welfare Act to require that the Department of Social Services (DSS) establish, operate, and promulgate rules to implement a state Opportunity and Security Program. Eligibility for the program would be restricted to emancipated minors or persons 18 years of age or older who met the following standard of need and eligibility requirements:

Standard of Need. An applicant for the program would be considered needy if he or she possessed liquid assets of not more than \$250; owned not more than one automobile, worth \$1,500 or less; and earned a monthly income that was equal to less than the payment standards established under DSS rules.

Eligibility Requirements. The program would provide benefits to an applicant who met the "standard of need" and who met at least one of the following criteria:

- ** Was fifty years of age or older.**
- ** Had been declared eligible for supplemental security income (SSI), social security, or Medicaid due to disability.**
- ** Had been disabled for at least 90 consecutive days. (The bill would define a disabled person as one who suffered from a determinable physical or mental characteristic that could result from disease, injury, congenital condition of birth, or functional disorder, if the characteristic substantially limited one or more of the major life activities of the individual. A person with a substantial history of mental illness, and a person released during the six-month period prior to application from a mental institution, a psychiatric ward, or an adult foster care facility, would be included under this definition.)**
- ** Was a resident of an adult foster care facility, home for the aged, county infirmary, or substance abuse treatment center.**
- ** Was receiving outpatient or inpatient substance abuse treatment from a recognized substance abuse treatment center or had received such treatment within the past 90 days.**

**** Had been diagnosed as having acquired immunodeficiency syndrome (AIDS), or acquired immunodeficiency syndrome related complex, as defined by the Centers for Disease Control.**

**** Had been accepted as a client by the Michigan Rehabilitation Services.**

**** Was receiving special education services through the local intermediate school district.**

**** Was the caretaker of a disabled person or an AIDS patient.**

Medical Requirements. An applicant whose medical or mental condition substantially limited one or more of his or her major life activities would be considered eligible for program benefits. Upon an applicant's request for benefits, the department would be required to authorize payment for a complete physical exam, or, in the case of an applicant suspected of having psychological problems, payment for a psychological exam. Payments would be made in an amount equal to the rate paid by Medicaid, and would not be made to the physician until a complete report on the applicant's condition had been received. The department have to maintain a standard of promptness of 45 days in determining eligibility for the program and register all benefit requests on the day requested. The standard of promptness would begin to run from that date.

Termination of Benefits. Under the bill, the department could not terminate a recipient's program benefits unless it established by medical evidence that the recipient no longer met the department's eligibility requirements because his or her medical condition had improved. The recipient would be afforded an opportunity for a hearing to contest the department's determination. A recipient who claimed a new physical, mental, or psychological condition would be provided the same assistance as a new applicant in establishing that condition to meet the bill's eligibility requirements, and would continue to receive benefits during that process. In addition, the department would be required to review a recipient's program eligibility at least once a year, unless it received evidence that the basis for determining a person's eligibility had changed. Reviews could not be conducted more frequently than every six months.

MCL 400.1 et al.