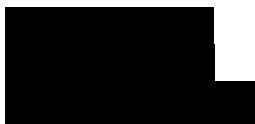


STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 2010-42043
Issue No: 2012



Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon Claimant's request for a hearing on August 13, 2009. After due notice, a telephone hearing was held on August 24, 2011. Claimant's representative personally appeared and provided testimony.

ISSUE

Did the department properly determine Claimant's Medical Assistance (MA) eligibility?

FINDINGS OF FACT

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

1. Claimant applied for MA benefits on June 10, 2009. (Department Exhibits 1-4).
2. On June 17, 2009, the department mailed Claimant a Notice of Case Action informing her that she had been approved for the Adult Medical Program (AMP) beginning June 1, 2009. (Department Exhibits 5-6).
3. Claimant submitted a hearing request, protesting the denial of Medical Assistance (MA) benefits on August 13, 2009.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program

pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. Medicaid is also known as Medical Assistance (MA).

Following registration of the application, the department must do all of the following:

- Interview clients when required by policy;
- Certify eligibility results for each program within the applicable standard of promptness (SOP);
- Bridges automatically generates a client notice informing them of the eligibility decision. BAM 115.

For the FIP, SDA, RAP, CDC, MA and AMP programs, the department must certify program approval or denial of the application within 45 days. Bridges automatically generates the client notice and if applicable, the CDC provider notice. Exceptions:

- 15 days for all pregnant Medicaid applicants.
- 30 days for Refugee Assistance Program (RAP) applicants.
- 60 days for SDA applicants.
- 90 days for MA categories in which disability is an eligibility factor.

Moreover, the SOP can be extended 60 days from the date of deferral by the Medical Review Team. BAM 115.

In this case, the department admitted Claimant applied for MA-P and retro-MA. The department admittedly did not process the application for MA-P, but determined instead that she met the qualifications for AMP and found her eligible for AMP. The department explained she was granted AMP and retro-AMP back to March 1, 2009 and a Notice of Case Action was issued on June 17, 2009 to the Claimant informing her of the department's decision. The department had no evidence that Claimant's representative was mailed a copy of the Notice of Case Action and Claimant's representative contends they did not receive the copy.

A review of the Notice of Case Action only indicates she was granted AMP beginning June 1, 2009, with no indication of retro-AMP being granted. Notably, this Administrative Law Judge cannot locate policy regarding retro-AMP. Therefore, based on the department's admission that Claimant properly applied for MA-P and retro-MA,

