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

IN THE MATTER OF:



Hearing Date: May 19, 2011 Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Kevin Scully

HEARING DECISION

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on February 3, 2011. After due notice, a telephone hearing was held on Thursday, May 19, 2011.

ISSUE

Whether the Department of Human Services (Department) properly determined the 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. The Department received a Filing Form (DHS-1171) on April 30, 2010.
- 2. The Department received a complete application for Medical Assistance (MA) on December 6, 2010.
- 3. The Claimant received the Claimant's request for a hearing on February 3, 2011, protesting the Department's failure to act on the Claimant's request for Medical Assistance (MA).

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).

A request for assistance may be in person, by mail, telephone or an application can be obtained on the Internet. An Assistance Application (DHS-1171) packet includes an information booklet and the assistance application. A filing form used to preserve the application filing date is available on the last page of the information booklet. BAM 110 (2/1/2010).

Retro MA coverage is available back to the first day of the third calendar month prior to the current application for FIP and MA applicants and persons applying to be added to the group. BAM 115 (2/1/2010).

When a DHS-1171 or filing form is received, by fax, mail, or in person, all programs requested are registered with the receipt date if it contains at least the following information:

- Name of the applicant.
- Birth date of the applicant.
- Address of the applicant unless the applicant is homeless.
- Signature of the applicant or authorized representative. RRF 1171 (10/1/2008).

When an assistance application is received in the local office without the applicants signature or without a signed document authorizing someone to act on the applicants behalf you must do the following:

- Register the application as a request if it contains a signature.
- Send a DHS-723, Incomplete Application Notice, to the agency or the individual who completed the application.
- Send a DHS-330, Notice of Missing Information, to the client explaining the need for a valid signature. The signature page of the application may be copied and sent to the agency or individual who filled out the application with the notice.

- Allow 10 days for a response. You cannot deny an application due to incompleteness until 10 calendar days from the date of your initial request in writing to the applicant to complete the application form or supply missing information, or the initial scheduled interview.
- Record the date the application or filing form with the minimum information is received. The application must be registered and disposed of on Bridges, using the receipt date as the application date. BAM 110 (2/1/2010).

In this case, the Department received a Filing Form (DHS-1171) on April 30, 2010. The Claimant submitted a fax receipt showing that the Claimant's representative faxed the filing form to the Department's office on April 30, 2010.

The Department failed to act on this incomplete application or request additional information from the Claimant or his representative. The Department later received a complete application for Medical Assistance (MA) on December 6, 2010, but refused to acknowledge April 30, 2010, as the application date.

This Administrative Law Judge finds that the Claimant's representative submitted a Filing Form to the Department on April 30, 2010, and that the Department failed to request that the Claimant submit a completed application within 10 days. This Administrative Law Judge finds that the Claimant established an application date for Medical Assistance (MA) of April 30, 2010, and that the Department has not approved or denied his application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department has failed to process the Claimant's request for Medical Assistance (MA) as directed by policy.

Accordingly, the Department's Medical Assistance (MA) eligibility determination is REVERSED. It is further ORDERED that the Department shall:

- 1. Initiate a determination of the Claimant's eligibility for Medical Assistance (MA) with retroactive coverage and an application date of April 30, 2010.
- 2. Provide the Claimant with written notification of the Department's revised eligibility determination.
- 3. Issue the Claimant any retroactive benefits she may be eligible to receive, if any.

<u>/s/</u>

Kevin Scully Administrative Law Judge for Maura D. Corrigan, Director Department of Human Services

Date Signed: May 24, 2011

Date Mailed: May 25, 2011

NOTICE: Administrative Hearings 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 Administrative Hearings will not order a rehearing or Decision and Order. reconsideration on the Department's motion where the final decision cannot be implemented within 60 days of the filing of the original request.

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 was made, within 30 days of the receipt date of the rehearing decision.

KS/tg

CC:

