

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

IN THE MATTER OF:

[REDACTED]
[REDACTED]
[REDACTED]

Reg. No: 201126683
Issue No: 2006
Case No: [REDACTED]

Hearing Date:
May 25, 2011
Bay 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 11, 2011. After due notice, a telephone hearing was held on Wednesday, May 25, 2011. The Claimant was present for the hearing, and he was represented by his Authorized Hearings Representative (AHR) from [REDACTED].

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 submitted by the Claimant's representative on September 30, 2010.
2. On October 28, 2010, the Department sent the Claimant a Verification Checklist with a due date of November 8, 2010. The Department requested that the Claimant, through his representative, submit a completed application for assistance.
3. On November 5, 2010, the Department requested an extension to the Verification Checklist due date.

4. On November 15, 2010, the Department denied the Claimant's request for Medical Assistance (MA).
5. The Department received the Claimant's request for a hearing on Feb 11, 2011, protesting the Department's denial of Medical Assistance (MA) with an application date of September 30, 2010. The request was received 88 days after the Department sent its notice of case action.

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).

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). BEM 105.

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 applicant's signature or without a signed document authorizing someone to act on the applicant's 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).

An incomplete application contains the minimum information required for registering an application. However, it does not contain enough information to determine eligibility because all required questions are not answered for the program for which the client is applying. When an incomplete application is filed, retain the application and give or send the client a Verification Checklist (DHS-3503). Inform the client of the:

- Request for contact to complete missing information.
- Due date for missing information.
- Interview date, if applicable. BAM 115.

The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. The Department will approve or deny an application for Medical Assistance (MA) under its standard of promptness within 45 days. BAM 115.

The Department will allow the client 10 calendar days to provide the verification necessary to determine eligibility for benefits. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to three times. The Department will send a case action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130.

In this case, the Department received a Filing Form submitted by the Claimant's representative on September 30, 2010. On October 28, 2010, the Department sent the Claimant a Verification Checklist with a due date of November 8, 2010. The Department requested that the Claimant, through his representative, submit a completed application for assistance.

On November 5, 2010, the Department requested an extension to the Verification Checklist due date.

On November 15, 2010, the Department denied the Claimant's request for Medical Assistance because the Claimant had not submitted sufficient information to continue processing his application after the 45-day standard of promptness deadline had passed.

This Administrative finds that the Claimant made a reasonable effort to supply the Department with the documents requested on its Verification Checklist. The Claimant requested an extension to the Verification Checklist due date, but the Department denied his application before 10 days from the previous deadline had passed.

Based on the evidence and testimony available during the hearing, the Department failed to establish that it properly denied the Claimant's application for Medical Assistance (MA).

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department failed to establish that it properly denied the Claimant's application for Medical Assistance (MA).

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 to June of 2010 based on application date of September 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.

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

Date Signed: May 27, 2011

Date Mailed: May 27, 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 Decision and Order. Administrative Hearings will not order a rehearing or 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:

