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

IN THE MATTER OF:



Reg. No.: 2013-68879

Issue No.: 2004

Case No.:

Hearing Date: December 5, 2013

County: Wayne (82)

ADMINISTRATIVE LAW JUDGE: Eric Feldman

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on December 5, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant's Authorized Hearing Representative,

Participants on behalf of the Department of Human Services (Department or DHS) included English, Eligibility Specialist, and Manager.

<u>ISSUE</u>

Whether the Department properly processed Claimant's Medical Assistance (MA) application and/or retroactive application?

FINDINGS OF FACT

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

- 1. On March 29, 2013, Claimant applied for MA benefits and sought retroactive coverage back through December of 2012. Exhibit 1.
- 2. The Department failed to register and process Claimant's MA application.
- 3. On September 9, 2013, Claimant's AHR filed a hearing request, protesting the Department's failure to process the application. See Exhibit 1.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

☐ The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

Any person, regardless of age, or their authorized representative (AR) may apply for assistance. BAM 110 (January 2013), p. 4. The Department must register a signed application or filing form, with the minimum information, within one workday for all requested programs. BAM 110, p. 16.

The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. BAM 115 (January 2013), p. 12. For MA applications, the Department certifies the program approval or denial of the application within 45 days. BAM 115, p. 13. However, there are exceptions to these benefits programs for processing times, which are described as follows: 90 days for MA categories in which disability is an eligibility factor. BAM 115, p. 13. The SOP can be extended 60 days from the date of deferral by the Medical Review Team. BAM 115, p. 13.

Moreover, if the group is ineligible or refuses to cooperate in the application process, the Department must certifies the denial within the standard of promptness and also send a DHS-1605, Client Notice, or the DHS-1150, Application Eligibility Notice, with the denial reason(s). BAM 115, p. 18. If approved, the Department sends the DHS-1605 detailing the approval at certification of program opening. BAM 115, p. 19.

In this case, on March 29, 2013, Claimant applied for MA benefits and sought retroactive coverage back through December of 2012. Exhibit 1. The Department testified that it never registered the application for processing. See Hearing Summary, Exhibit 1.

Moreover, it was discovered that a previous authorized representative (a nursing home) for the Claimant applied for MA benefits on December 12, 2012. That previous application had medical documentation that was supplied with it. The Department testified that the previous application was denied on March 12, 2013. However, it appears that the application in question (dated March 29, 2013) was not registered but processed instead with the medical documentation provided from the earlier application. This resulted in the denial of the disability application by the Medical Review Team

(MRT) on October 10, 2013. See Exhibit 1. Claimant's AHR testified, though, that he never provided any medical documentation with the application dated March 29, 2013.

Based on the foregoing information and evidence, the Department failed to register and process Claimant's March 29, 2013 application and retroactive coverage from December 2012. Claimant's AHR credibly testified that he never supplied any medical documentation with the application in question and the Department improperly processed the application with medical documentation from a prior application. Second, the Department acknowledges that it failed to register the March 29, 2013 application for processing. Thus, the Department did not act in accordance with Department policy and will have to reprocess Claimant's application. BAM 110, pp. 4 and 16 and BAM 115, pp. 13, 18 and 19.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it improperly processed Claimant's MA application and retroactive application from December 2012, ongoing.

Accordingly, the Department's MA decision is REVERSED.

- THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:
 - 1. Initiate registration and processing of Claimant's March 29, 2013 MA application, retroactive to December 2012, ongoing;
 - 2. Begin issuing supplements to Claimant for any MA benefits he was eligible to receive but did not from December of 2012, ongoing; and
 - 3. Begin notifying Claimant and Claimant's AHR in writing of its MA decision in accordance with Department policy.

Eric Feldman
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: December 11, 2013

Date Mailed: December 11, 2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) 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. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights
 of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings Reconsideration/Rehearing Request P.O. Box 30639 Lansing, Michigan 48909-07322

