

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013 15779
Issue No.: 2018
Case No.: [REDACTED]
Hearing Date: April 29, 2013
County: Wayne County DHS (31)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a three way telephone hearing was held on April 29, 2013, from Detroit, Michigan. Participants on behalf of Claimant included [REDACTED], the Claimant's Authorized Hearing Representative, (AHR). The Claimant did not appear. Participants on behalf of the Department of Human Services (Department) included [REDACTED]

ISSUE

Did the Department properly deny Medical Assistance benefits for February 2011?

FINDINGS OF FACT

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

1. The Claimant's AHR filed a hearing request indicating that the Claimant was approved for Medicaid coverage for the month of May 2010 based on the August 12, 2010 application for Medical Assistance.
2. The Claimant's AHR requested a hearing because it could not determine why the Claimant did not have Medical Assistance Benefits for February 2011.
3. The Department's hearing summary filed in response to the Hearing Request did not address the February 2011 Medical Assistance eligibility and merely stated the August 2010 application was approved and retro months were also approved therefore no further action is required.

4. The Department could not say why there was no Medical Assistance eligibility for February 2011.
5. A notice of case action dated 5/07/12 indicated that Claimant was approved 5/1/10 and approved with a deductible as of July 2011. Exhibit 1
6. The Claimant requested a hearing on November 21, 2012.

CONCLUSIONS OF LAW

Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by the 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 (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

Additionally, during the hearing it could not be determined based on the Department's hearing summary and testimony why the Claimant was not eligible for medicaid in February 2011. The Claimant was given an opportunity to look in the bridges system but could not respond to the issue presented. The Department did not have a case file at the hearing and did not respond to the hearing request by the Claimant's Authorized Hearing Representative. The hearing request was clear and gave sufficient details for the Department to have responded to the request. Based upon the evidence presented and the testimony of the Department it is determined that the Department did not meet its burden of proof with regard to responding to the question raised by the hearing request regarding reason why there was a lack of medical assistance coverage for February 2011

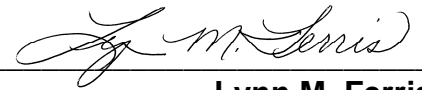
DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department did act properly did not act properly when it did not provide Medical Assistance coverage for February 2011 .

Accordingly, the Department's AMP FIP FAP MA SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record and in this Decision.

THE DEPARTMENT SHALL INITIATE WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER, THE FOLLOWING:

1. The Department shall initiate a complete a review of the Claimant's Medical Assistance history and determine if there was coverage in February 2011; or if no coverage was available in February 2011 provide an explanation to the Claimant and Claimant's AHR in writing regarding its reasons no coverage was provided or available based upon the August 2010 medical assistance application.
2. The Department shall provide the Claimant and the Claimant's AHR a copy of any Notice of Case Action which explains the reasons, if any, that medical assistance was or was not available to the Claimant in February 2011 and shall provide the Claimant and Claimant's AHR an explanation in writing as to the reasons and basis for its actions with regard to Medical Assistance.



Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: May 21, 2013

Date Mailed: May 21, 2013

NOTICE: 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)

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that affect the substantial rights of the claimant:
 - failure of the ALJ to address other relevant issues in the hearing decision.

2013-15779/LMF

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

LMF/tm

cc:

