

4. On July 22, 2013, the Department sent a verification checklist requesting checking account information and requested this information be returned by August 8, 2013.
5. On August 12, 2013, the Department denied Claimant's application for failure to return verifications.
6. On October 23, 2013, the Department sent a copy of the denial to Claimant's representative via fax.
7. On November 19, 2013, the Claimant's representative filed a hearing request.

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.

In the instant case, Claimant's representative applied for MA benefits on June 13, 2013, including a request for retro MA back to April 2013. The Department issued a medical verification checklist. Claimant's representative requested one extension on July 11, 2013. The medical verification request was extended until July 22, 2013. On July 22, 2013, a new verification checklist was issued requesting information regarding a checking account. This new verification was due back by August 8, 2013. The verification lists only Claimant on the request. There was no evidence submitted to demonstrate a copy was sent to Claimant's representative. On August 12, 2013, the Department denied the application for failure to provide requested verifications including the verification of a checking account.

Claimant's representative asserted at hearing they never received a request for verification regarding any checking accounts. The only verification request they knew about was the one seeking medical forms. They were not aware of any issues regarding a verification of a checking account until they received a copy of the notice of case action.

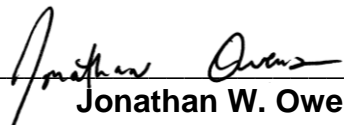
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy, specifically BAM 110, p. 9, when it failed to send the verification request dated July 22, 2013, to Claimant's representative.

DECISION AND ORDER

Accordingly, the Department's 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. Reinstate Claimant's application for MA dated June 13, 2013, including the request for retro MA back to April 2013;
2. Process the application in accordance with policy;
3. Issue a written determination on eligibility.



Jonathan W. Owens
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 28, 2014

Date Mailed: April 28, 2014

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.

2014-14752/JWO

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

JWO/pf

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
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