

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

IN THE MATTER OF:

[REDACTED]

Reg. No.:
Issue No(s):
Case No.:
Hearing Date:
County:

[REDACTED]

ADMINISTRATIVE LAW JUDGE: MICHAEL S. NEWELL

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 [REDACTED] [REDACTED] from Lansing, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED].

ISSUE

Did the Department properly deny Claimant's MA request?

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 [REDACTED] [REDACTED] Administrative Law Judge [REDACTED] [REDACTED] ordered the Department to "reinststate and reprocess Claimant's husband [REDACTED] [REDACTED] Filing Form seeking retroactive MA coverage for [REDACTED] [REDACTED]."
2. Claimant's authorized agent for all purposes with the Department and regarding the prior hearing was [REDACTED] & [REDACTED].
3. [REDACTED] & [REDACTED] did not receive a copy of the [REDACTED] [REDACTED] decision until [REDACTED] [REDACTED] and had checked the [REDACTED] website for a redacted decision previously.
4. On [REDACTED] [REDACTED] the Department sent [REDACTED] & [REDACTED] a Verification Checklist requesting in pertinent part that [REDACTED] & [REDACTED] "complete an return the enclosed application." (Exhibit 3).

5. [REDACTED] responded to the checklist and provide what it believed to be all requested information. It is unclear whether such application was attached.
6. On [REDACTED] [REDACTED] the Department denied the claim, effective [REDACTED] [REDACTED] for failure to provide an 1171 application.
7. On [REDACTED] [REDACTED] Claimant requested hearing.

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.

Because [REDACTED] [REDACTED] did not receive a copy of the hearing decision, it had no way of knowing that the Department had jurisdiction to close the claim that had been previously appealed at hearing or whether the denial addressed some other issue. BAM 600 p 24 allows for hearing when good cause for late request is shown. Good cause is found.

It is unclear whether the 1171 was attached to the verification checklist, and the Department indicated that this should not matter because [REDACTED] has "stacks of" 1171 forms. It appears that the request on the checklist was inaccurate and unclear. Thus, BAM 130 does not require closure.

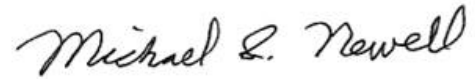
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Claimant's MA request.

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 and reprocess Claimant's husband December 24, 2012 Filing Form seeking retroactive MA coverage for September 2012



Michael S. Newell
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 25, 2014

Date Mailed: April 25, 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.

2014-28451/MSN

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

MSN/las

cc:

