

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

IN THE MATTER OF:



Reg. No.: 14-005285
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: September 03, 2014
County: Genesee #2

ADMINISTRATIVE LAW JUDGE: Carmen Fahie

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, telephone hearing was held on Wednesday, September 3, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant and the Claimant's authorized representative, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], ES.

ISSUE

Did the Department properly deny Claimant's application for Medical Assistance (MA)?

FINDINGS OF FACT

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

1. Claimant applied for MA benefits.
2. On March 19, 2014, the Department denied Claimant's application.
3. On March 19, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
4. On June 10, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

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), and Department of Human Services Reference Tables Manual (RFT).

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.

Additionally, [REDACTED] applied for the Claimant on February 27, 2014 with retroactive MA to [REDACTED] by submitting a facility admittance notice and authorization to represent paperwork. Department Exhibit 5-9. On [REDACTED] 4, the Department Caseworker registered the application on BRIDGES. On March 5, 2014, the Department received the retroactive MA-P application from [REDACTED] S. Department Exhibit 22-25. On March 19, 2014, the Department Caseworker denied the Claimant's application because she was not disabled or had eligible children. Department Exhibit 25-26. BEM 110, 115, 125, 126, 135, 220, 240, 260, and 640. BAM 600.

During the hearing, the Department Caseworker testified that the original application submitted by [REDACTED] did not state that the Claimant was disabled nor listed any children in the home. The retroactive application did [REDACTED]. When the Department Caseworker did a query where Lori Mann, came back as an adult female. The Department Caseworker stated that she felt that she had enough information to determine eligibility and process the case. However, the Claimant's child name was spelled incorrectly on the application, which a copy of a [REDACTED] would have corrected that error. The Department Caseworker did register the case on the system as is required by policy. However, the Department Caseworker failed to send out the required Verification Checklist, DHS 3503, to verify who was in the home and to give the Claimant and L&S to supplement the minimal information provided in the original application.

The Administrative Law Judge, based upon 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 did not send out a verification checklist for the Claimant and [REDACTED] to provide additional information needed to determine MA eligibility.

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. Initiate a redetermination of the Claimant's eligibility for MA retroactive to the application date of February 27, 2014 with retro to November 2013 by sending a Verification Checklist, DHS 3503, for the Claimant and [REDACTED] to supplement the information provided.
2. Provide the Claimant and [REDACTED] with written notification of the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.

Carmen H. Fahie

Carmen Fahie
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **10/1/2014**

Date Mailed: **10/2/2014**

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

CGF / tb

cc:

