

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-007228
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: October 09, 2014
County: WAYNE-76

ADMINISTRATIVE LAW JUDGE: Lynn Ferris

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 October 9, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Hearing Facilitator, and [REDACTED] Assistance Payments Worker.

ISSUE

Did the Department properly process the Claimant's applications for Medical Assistance dated March 26, 2014 and May 16, 2014?

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 applied for Medical assistance on March 16, 2014. The Department denied the application on May 12, 2014 as not disabled, and that she was not eligible for Healthy Michigan Plan (HMP), as it was not open. Exhibit 2
2. The Claimant applied for Medical Assistance on May 16, 2014, and indicated on her application that she was disabled. The Claimant was never given an MRT packet to complete and the matter was never sent to MRT. The Application was denied for the reason that the Claimant was not disabled. Exhibit 3
3. On July 11, 2014, the Claimant requested a timely hearing protesting the Department's denial of her applications for Medical Assistance.

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 Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Additionally, the issue in this case is whether the Department properly denied the Claimant's application(s) for Medical Assistance which she filed on March 26, 2014 and May 16, 2014. The evidence presented by the Department at the hearing indicated that the Claimant had applied on both applications for Medical Assistance based upon disability. The Department denied both applications finding that the Claimant was not disabled, but indicated that neither application was sent to the MRT for review, as required by Department policy when an individual indicates that they seek medical assistance based on disability.

In accordance with BAM 815, the application for MA-P (disability) may only be denied by the Medical Review Team (MRT) for lack of medical evidence. BAM 815 (7/1/14) pp.1. BAM 815, requires that the determination that there is insufficient evidence to make an eligibility determination with regards to medical disability lies solely with the MRT. In this case, neither application was ever sent to the MRT and the Claimant was not given an MRT packet to complete for submission to the MRT for their review. Therefore, based upon the evidence presented, it is determined that the Department denied the Claimant's March 26, 2014 and May 16, 2014 applications improperly and not in accordance with Department policy.

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 denied the March 26, 2014 and May 16, 2014 applications without sending the applications to the Medical Review Team.

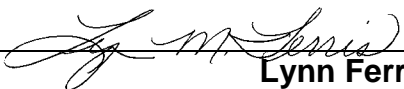
DECISION AND ORDER

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. The Department shall re-register the Claimant's applications for Medical Assistance based upon disability dated March 26, 2014 and May 16, 2014, and process the applications in accordance with this Decision and in accordance with Department policy to determine Claimant's eligibility.


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

Date Signed: **10/9/2014**
Date Mailed: **10/9/2014**

LMF / tm

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

cc:

