

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 14-001110  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: June 12, 2014  
County: WAYNE-DISTRICT 18

**ADMINISTRATIVE LAW JUDGE: Zainab Baydoun**

**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 three way telephone hearing was held on June 12, 2014, from Detroit, Michigan. Participants on behalf of Claimant included his Authorized Hearing Representative (AHR), ██████████, from ██████████. (██████). Participants on behalf of the Department of Human Services (Department) included ██████████, Family Independence Manager and ██████████, Eligibility Specialist.

**ISSUE**

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

**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 November 14, 2013, ██████████ submitted an application for MA on behalf of Claimant, retroactive to August 2013.
2. On December 16, 2013, the Department sent Claimant a Notice of Case Action informing him that his application had been denied. This Notice was not sent to ██████████. (Exhibit 5)
3. On April 7, 2014, ██████████ submitted a hearing request on behalf of Claimant disputing 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), 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, when the Department receives an application for assistance, it is to be registered and processed in accordance with Department policies. The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. BAM 115 (July 2013), p. 15. The Department is to certify program approval or denial of the application within 45 days, unless an exception applies, and upon certification of eligibility results, the Department is to notify clients in writing of positive and negative actions by generating the appropriate notice of case action. After processing an initial application, the Department will notify clients of the approval or denial. BAM 115, pp. 15-16,-23; BAM 220 (July 2013), pp. 1-2.

In this case, on November 14, 2013, [REDACTED] submitted an application for MA on behalf of Claimant, retroactive to August 2013. The Department testified that the application was registered and processed. The Department stated that because it did not receive [REDACTED] second request for extension to submit the requested verifications, it sent Claimant a Notice of Case Action on December 16, 2013, informing him that his application had been denied. (Exhibit 5).

At the hearing, Claimant's AHR testified that it had submitted the required verifications, but that [REDACTED] never received any notice from the Department regarding the Department's decision with respect to the MA application. Claimant's AHR stated that [REDACTED] was verbally informed of the denial, after submitting a request for extension to submit additional disability medical documents. The Department acknowledged that the Notice of Case Action denying the MA application was not sent to [REDACTED], as Claimant's Authorized Representative.

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 processed Claimant's November 14, 2013, MA application, retroactive to August 2013.

**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. Register and process Claimant's November 14, 2013, application for MA, retroactive to August 2013, to determine Claimant's eligibility for MA benefits;
2. Issue supplements to Claimant for any MA coverage that he was entitled to receive but did not from August 2013, ongoing; and
3. Notify Claimant and [REDACTED] of its decision in writing.



**Zainab Baydoun**

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

Date Signed: **7/2/2014**

Date Mailed: **7/3/2014**

ZB / tlf

**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:

