

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

IN THE MATTER OF:

██████████
██████████████████
██████████

Reg. No.: 14-001740
Issue No.: 2002
Case No.: ██████████
Hearing Date: June 12, 2014
County: WAYNE-DISTRICT (57)

ADMINISTRATIVE LAW JUDGE: Eric Feldman

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 June 12, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant; and Claimant's mother, ██████████. Participants on behalf of the Department of Human Services (Department or DHS) included ██████████, Eligibility Specialist; and ██████████, Assistant Payment Supervisor.

ISSUE

Did the Department properly process Claimant's Medical Assistance (MA) – Healthy Michigan Plan (HMP) application effective March 1, 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. On March 7, 2014, Claimant applied for MA benefits.
2. On March 7, 2014, the Department sent Claimant a Health Care Coverage Supplemental Questionnaire ("questionnaire") form and it was due back with all required proofs by March 17, 2014. See Exhibit 1, pp. 10-12.
3. On or around March 11, 2014, Claimant and/or his mother mailed the completed questionnaire and proofs to the Department. See Exhibit A, pp. 1-6.
4. On April 18, 2014, the Department sent Claimant a Health Care Coverage Determination Notice (DHS-1606) notifying him that his MA application was denied

effective March 1, 2014, ongoing, due to his failure to return the questionnaire forms. See Exhibit 1, pp. 8-9.

5. On April 25, 2014, Claimant filed a hearing request, protesting the MA denial and included copies of the submitted questionnaire. See Exhibit 1, pp. 2-3.

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.

Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (April 2014), p. 6. This includes completion of necessary forms. BAM 105, p. 6.

For MA cases, the Department allows the client 10 calendar days (or other time limit specified in policy) to provide the verifications it requests. BAM 130 (April 2014), p. 7. The Department sends a case action notice when: the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, p. 7.

In this case, on March 7, 2014, Claimant applied for MA benefits. On March 7, 2014, the Department sent Claimant a questionnaire form and it was due back with all required proofs by March 17, 2014. See Exhibit 1, pp. 10-12. The Department testified that it did not receive the questionnaire by the due date. Thus, on April 18, 2014, the Department sent Claimant a Health Care Coverage Determination Notice (DHS-1606) notifying him that his MA application was denied effective March 1, 2014, ongoing, due to his failure to return the questionnaire forms. See Exhibit 1, pp. 8-9. Then, on April 25, 2014, Claimant filed a hearing request, protesting the MA denial. See Exhibit 1, pp. 2-3. Also, on April 25, 2014, the Department testified that it received for the first time the questionnaire form when Claimant submitted his hearing request.

At the hearing, Claimant acknowledged receipt of the questionnaire form. Claimant testified that he is a student and it appeared he was located in a different address. However, Claimant testified that the address notated in this decision is his permanent address. Claimant testified that his mother brought to him the questionnaire form and

he completed it with the requested proofs. Moreover, Claimant testified that the questionnaire form with proofs was placed in the pre-printed envelope. Then, Claimant's mother testified that she mailed the questionnaire to the Department on or around March 13, 2014. The Department testified that it did not receive any such documentation.

It should be noted that Claimant testified he made a copy of the submitted questionnaire form and proofs. Claimant testified that he resubmitted the forms with this hearing request and provided such copies as Claimant's Exhibit A. See Exhibit A, pp. 1-6. A review of the questionnaire indicated that he signed the form on March 11, 2014 and supplied additional proofs. See Exhibit A, pp. 1-6.

Based on the foregoing information and evidence, the Department improperly denied Claimant's MA application dated March 7, 2014. First, Claimant and his mother credibly testified that he submitted the completed questionnaire with proofs and mailed them to the Department on or around March 13, 2014. This was completed before the due date of March 17, 2014.

Second, Claimant and his mother's credibility are supported by him providing copies of the submitted forms. See Exhibit A, pp. 1-6. A review of the questionnaire indicated that he signed the form on March 11, 2014 and supplied additional proofs. See Exhibit A, pp. 1-6. Claimant's signature date supports his assertion that it was mailed on or around March 13, 2014. Thus, the evidence is persuasive that Claimant mailed the requested questionnaire (with proofs) before the due date.

Because the evidence presented that Claimant submitted the questionnaire with proofs before the due date (March 17, 2014), the Department improperly denied Claimant's MA application effective March 1, 2014. See BAM 105, p. 6 and BAM 130, p. 7. The Department will re-register/reprocess the MA application.

DECISION AND ORDER

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 improperly denied Claimant's MA application dated March 7, 2014.

Accordingly, the Department's MA 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. Reregister the MA application dated March 7, 2014;

2. Begin reprocessing the application/recalculating the MA budget for March 1, 2014, ongoing, in accordance with Department policy;
3. Issue supplements to Claimant for any MA benefits he was eligible to receive but did not from March 1, 2014, ongoing; and
4. Notify Claimant in writing of its MA decision in accordance with Department policy.



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

Date Signed: **6/24/2014**

Date Mailed: **6/24/2014**

EJF/cl

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:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]