

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-007227
Issue No.: 2004
Case No.: [REDACTED]
Hearing Date: October 06, 2014
County: WAYNE-15 (GREYDALE)

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 3-way telephone hearing was held on October 6, 2014, from Detroit, Michigan. Participants on behalf of Claimant included [REDACTED], the Claimant's Authorized Hearing Representative (AHR). The Claimant did not appear. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

ISSUE

Did the Department properly deny the Claimant's application for MA-P and retro MA-P for failure to return a supplemental information 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. The Claimant filed an application for Medical Assistance (MA-P) based upon disability on April 3, 2014, with a retro application for March 2014. Claimant Exhibit A.
2. The Department provided the Claimant with a Health Care Coverage Determination Notice on May 3, 2014, finding that the Claimant was not eligible stating, "We needed additional information from you to determine your eligibility for health care coverage. You failed to return the supplement questionnaire mailed to you for this purpose." Exhibit 1

3. The Claimant's AHR, L&S Associates, was not provided with a copy of the Health Care Coverage Determination Notice.
4. The Claimant's application was for MA-P and retro MA-P. The AHR provided the supplement DHS 1426 with its application on behalf of the Claimant.
5. The Claimant's AHR requested a timely hearing request on July 9, 2014.

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 Department did not properly process the Claimant's application as an application for Medicaid based on disability. A fair reading of the hearing summary notes that "a retro application for March 2014 cannot be granted due to Retro MA not existing for clients due to HMP starting in the month of April." The Department found the Claimant ineligible based on failure to provide supplemental information. The Claimant's AHR was not provided notice of the Department's eligibility determination and based upon the evidence presented, it is determined that the Department improperly processed the case as a Healthy Michigan Plan case rather than a MA case based upon disability.

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 failed to provide notice to the Claimant's AHR of the Health Care Coverage Decision Notice, and improperly processed the MA-P application.

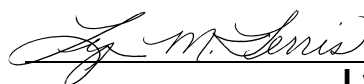
DECISION AND ORDER

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 April 3, 2014 application for Medical Assistance based on disability and the Retro Application for March 2014, and determine the Claimant's eligibility.
2. The Department shall provide the Claimant's AHR, L&S Associates, notice of all actions taken and requests for information or verification by the Department regarding the April 3, 2014 application.



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

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

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

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:

