

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

IN THE MATTER OF:

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

Reg. No.: 14-017500
Issue No.: 2004
Case No.: ██████████
Hearing Date: March 05, 2015
County: Wayne-District 18 (Taylor)

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 March 5, 2015, from Detroit, Michigan. Participants on behalf of Claimant included her Authorized Hearing Representative (AHR), ██████████, from ██████████. Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist/Hearings Facilitator.

ISSUE

Did the Department properly process 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 or around June 12, 2014, ██████ submitted an application for MA benefits, retroactive to March 2014 on behalf of Claimant. (Exhibit 1; Exhibit 2; and Exhibit 3)
2. On September 17, 2014, ██████ submitted a hearing request on behalf of Claimant requesting that the Department process the above referenced application.

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 date of application is the date the local office receives the required minimum information on an application or the filing form. BAM 110 (January 2014), pp.4-7,18-19. The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. BAM 115 (March 2014), pp. 1,12-15. Retro MA coverage is available back to the first day of the third calendar month prior to the current application for FIP and MA applicants and persons applying to be added to the group. BAM 115, pp. 11-12.

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, which is printed and mailed centrally from the consolidated print center. A negative action is a Department action to deny an application or to reduce, suspend or terminate a benefit. After processing an initial application, the Department will notify clients of the approval or denial. BAM 115, pp. 1, 12-19, 22-23;BAM 220 (January 2014), p. 1.

In this case, █████ requested a hearing disputing the Department's failure to process the June 12, 2014 MA application, retro to March 2014, that it submitted on behalf of Claimant. At the hearing, █████ established that Claimant alleged a disability on the application submitted. (Exhibits 1 to 3). Initially, the Department testified that the application was received and that Claimant was determined to be ineligible for MA benefits for the period March 2014, ongoing, on the basis that the Healthy Michigan Plan (HMP) program was closed to new enrollments. It was later discovered that this denial was in connection with an application submitted by Claimant herself on March 29, 2014, on which she did not allege a disability. █████ was not involved with the March 29, 2014, application submitted by Claimant. The Department presented the Health Care Coverage Determination Notice associated with that application denial, which was dated May 12, 2014. (Exhibit A).

Later in the hearing, the Department stated that the June 12, 2014, MA application was subsequently processed after █████ submitted the hearing request. The Department

testified that the application was denied in error on March 3, 2015, however, notice of that denial was not sent to [REDACTED]. The Department presented a March 3, 2015, Health Care Coverage Determination Notice that was sent only to Claimant and not [REDACTED] advising Claimant that for the period March 1, 2014, to March 31, 2014, she was ineligible for MA on the basis that she was not blind, disabled, parent/caretaker relative of a dependent child, and that she does not meet age requirements. (Exhibit B). The Department testified that the application was not processed for a disability determination prior to the denial and that it should have been. Claimant's AHR testified that it did not receive a verification checklist from the Department or any other communication from the Department concerning the June 12, 2014, MA application.

Under the facts in this case and based on the evidence presented, 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 failed to properly process Claimant's MA 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. Register and process Claimant's June 12, 2014, application for MA, retroactive to March 2014, to determine Claimant's eligibility for MA benefits under the most beneficial category;
2. Provide Claimant with any MA coverage that she was entitled to receive but did not from March 2014, ongoing; and
3. Notify Claimant and [REDACTED] of its decision in writing.



Zainab Baydoun
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **04/01/2015**

Date Mailed: **04/01/2015**

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 48909-8139

CC:

[REDACTED]