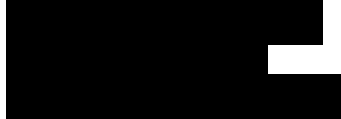


**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:



Reg. No.: 14-019578
Issue No.: 2004
Case No.: [REDACTED]
Hearing Date: March 16, 2015
County: WAYNE-DISTRICT 17

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 telephone hearing was held on March 16, 2015, from Detroit, Michigan. Participants on behalf of Claimant included her Authorized Hearing Representative (AHR), [REDACTED] (S). A representative from the Department of Human Services (Department) did not appear for the hearing, and the hearing was held in the absence of the Department.

ISSUE

Did the Department properly process Claimant's April 10, 2014, application for Medical Assistance (MA) benefits, with a request for retroactive coverage to February 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 or around [REDACTED], the Department received Claimant's application for MA and retro MA. (See Department's Hearing Summary)
2. On [REDACTED], [REDACTED] submitted a hearing request on behalf of Claimant disputing the Department's actions and requesting that the Department process the MA application that it submitted on [REDACTED], with a request for retroactive coverage to February 2014. (See Claimant's Request for Hearing)

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, the Department did not appear for the hearing; however, the Hearing Summary prepared for the hearing was read into the record. According to the Hearing Summary, the Department received a MA application and retro MA application on March 6, 2014, that the Department acknowledged was not processed timely. (See Hearing Summary).

A review of Claimant's hearing request establishes that [REDACTED] was disputing the Department's failure to process an [REDACTED], MA application with a request for retroactive coverage to February 2014 and not a [REDACTED], application. At the hearing, Claimant's AHR asserted that [REDACTED] did not submit an application on behalf of Claimant on [REDACTED], which sought retroactive coverage to February 2014 and

stated that the application date referenced in the hearing request was incorrect. Claimant's AHR argued that the only application that it submitted on behalf of Claimant was on [REDACTED], retroactive to December 2013 and confirmed that the [REDACTED], MA application did not exist.

During the hearing, Claimant's AHR requested to modify or amend the request for hearing to show an application date of [REDACTED], retroactive to December 2013, rather than [REDACTED], however, this request is not supported by policy. [REDACTED] provided testimony concerning the Department's failure to process a [REDACTED], MA application, however, this ALJ does not retain any jurisdiction to address that application in this hearing decision, as it is not the application for which [REDACTED] requested a hearing.

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 acted in accordance with Department policy when it failed to process Claimant's [REDACTED], MA application with a request for retroactive coverage to February 2014, as Claimant's AHR acknowledged that there was no application submitted by [REDACTED] on behalf of Claimant on that date, therefore, the Department had no application to process.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.



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

Date Signed: **4/14/2015**

Date Mailed: **4/14/2015**

ZB / hw

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:

