



(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 the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

The Department determines eligibility and benefit amounts for all requested programs. BAM 105 (July 2013), p. 13.

Any person, regardless of age, or their AR may apply for assistance. BAM 110 (July 2013), p. 4. The Department must register a signed application or filing form, with the minimum information, within one work day for all requested programs. BAM 110, p. 19.

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. For MA applications, the Department certifies the program approval or denial of the application within 45 days. BAM 115, p. 15. However, there are exceptions to these benefits programs for processing times, which are described as follows: 90 days for MA categories in which disability is an eligibility factor. BAM 115, pp. 15-16. The SOP can be extended 60 days from the date of deferral by the Medical Review Team (MRT). BAM 115, p. 16.

Moreover, if the group is ineligible or refuses to cooperate in the application process, the Department must certify the denial within the SOP and also send a DHS-1605, Client Notice, or the DHS-1150, Application Eligibility Notice, with the denial reason(s). BAM 115, p. 23. If approved, the Department sends the DHS-1605 detailing the approval at certification of program opening. BAM 115, p. 23.

In this case, on August 29, 2013, Claimant and/or the AR applied for MA benefits and sought retroactive coverage from June 2013. See Exhibit A. The request for hearing indicated that Claimant's AHR did not receive a Verification Checklist (VCL) or an Application Eligibility regarding the status of the application. See Exhibit A. Therefore, on January 17, 2014, Claimant's AHR filed a hearing request, protesting the Department's failure to process the application. See Exhibit A.

At the hearing, the Department acknowledged that it failed to process the application in accordance with Department policy. See Hearing Summary, Exhibit 1. However, it was discovered during the hearing that Claimant was subsequently approved for the Healthy Michigan Plan (HMP) – Medical Assistance (MA) coverage from the retroactive month, ongoing. Moreover, the Department presented as evidence Claimant's MA eligibility, which indicated such active MA coverage applicable to Claimant's application/retroactive month. See Exhibit 1. It should be noted that the Department failed to send

Claimant or Claimant's AR a notice of case action notifying them of the approval for the HMP-MA coverage.

Based on the foregoing information and evidence, the Department failed to properly process the MA application dated August 29, 2013, retroactive to June 2013 in accordance with Department policy. The Department first acknowledged that it failed to process the application within the SOP. See BAM 115, pp. 15-16, and Hearing Summary, Exhibit 1. However, it was discovered that the Department subsequently approved the Claimant for HMP – MA coverage, which included coverage for June 2013, ongoing. See Exhibit 1. Nevertheless, because the Department initially erred in processing Claimant's MA/retroactive application, it will reprocess Claimant's MA application dated August 29, 2013, retroactive to June 2013, if not previously completed. BAM 105, p. 13; BAM 110, pp. 4 and 19; and BAM 115, pp. 15, 16 and 23.

### **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 failed to properly process Claimant's MA application dated August 29, 2013, retroactive to June 2013.

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. Initiate re-registration and processing of Claimant's MA application dated August 29, 2013, retroactive to June 2013, if not previously completed;
2. Begin issuing supplements to Claimant for any MA benefits he was eligible to receive but did not from June 2013, ongoing, if not previously completed; and
3. Begin notifying Claimant and Claimant's AHR in writing of its MA decision, if not previously completed and in accordance with Department policy.



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

Date Signed: April 10, 2014

Date Mailed: April 14, 2014

**NOTICE OF APPEAL:** The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

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

EJF/pf

cc:

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