

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

IN THE MATTER OF:



Reg. No.: 2014-29455
Issue No(s): 2001
Case No.: [REDACTED]
Hearing Date: April 10, 2014
County: Wayne (19)

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 April 10, 2014, from Detroit, Michigan. Participants on behalf of Claimant included her Authorized Hearing Representative (AHR), [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Family Independence Manager and [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly process Claimant's 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 January 29, 2013, Claimant submitted an application for MA benefits.
2. At the time of application, Claimant was a resident of a long term care facility.
3. On February 12, 2014, Claimant's AHR submitted a hearing request on behalf of Claimant disputing the Department's actions and requesting that the Department properly process Claimant's MA 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 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.

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 2013), p.4. The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. BAM 115 (January 2013), pp. 1,12-13. The Department is to certify program approval or denial of the application within 45 days 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. An exception to the 45 day SOP exists for MA categories in which disability is an eligibility factor. After processing an initial application, the Department will notify clients of the approval or denial. BAM 115, pp. 13, 18; BAM 220 (November 2012), p. 1.

Additionally, BEM 105 provides that persons may qualify under more than one MA category and federal law gives persons the right to the most beneficial category which is considered the category that results in eligibility or the least amount of excess income. BEM 105 (October 2010), p.2. The Department must consider all the MA category options in order for the client's right of choice to be meaningful. BEM 105, p.2. The Department will determine a client's eligibility for MA under the Extended Care program prior to determining eligibility for MA under a Group 2 category. BEM 164 (November 2012), p.1.

In this case, Claimant, a resident of a long term care facility, submitted an application for MA on January 29, 2013. The Department processed the application and determined that Claimant was eligible for MA under the Group 2, Aged, Blind, Disabled (G2S) program. Claimant's AHR requested a hearing disputing this decision by the Department and requesting that the Department properly process the application to determine Claimant's eligibility under the appropriate MA program, taking into consideration her residence in a long term care facility.

At the hearing, the Department acknowledged that there were some errors in the initial processing of Claimant's MA application and that Claimant's eligibility for MA under the extended care program was not determined, prior to approving Claimant for G2S MA

benefits. The Department testified that as of August 2013, Claimant was approved for MA under the correct extended care program. The Department presented an eligibility summary in support of its testimony. (Exhibit 2).

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 processed Claimant's MA benefits.

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 January 29, 2013, MA application;
2. Determine Claimant's MA eligibility under the most beneficial category for January 2013, ongoing,
3. Provide Claimant with any MA coverage that she was eligible to receive but did not from January 1, 2013, ongoing; and
4. Notify Claimant and her AHR in writing of its decision.



Zainab Baydoun

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

Date Signed: April 28, 2014

Date Mailed: April 28, 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

ZB/tlf

cc:

