

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

**IN THE MATTER OF:**

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

Reg. No.: 14-013691  
Issue No.: 2001;2004  
Case No.: ██████████  
Hearing Date: December 11, 2014  
County: Wayne-District 57 (Conner)

**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 December 11, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Eligibility Specialist and ██████████, 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. In December 2013, Claimant contacted the Department to obtain an assistance application booklet for MA benefits.
2. In December 2013, the Department mailed Claimant an assistance application. (Exhibit A)
3. In January 2014, Claimant mailed a completed copy of the MA assistance application to the Department.

4. On April 14, 2014, Claimant submitted a second application for MA benefits. (Exhibit 1)
5. On October 6, 2014, Claimant requested a hearing disputing the Department's actions with respect to her MA benefits.

### **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.5-7,18-22. The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. BAM 115 (January 2014), pp. 1,14-15. 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. 9-12.

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. After processing an initial application, the Department will notify clients of the approval or denial. BAM 115, pp. 1, 13-19;BAM 220 (January 2014), p. 1.

In this case, Claimant requested a hearing disputing the Department's action with respect to an application for MA benefits that she stated she submitted on January 24, 2014. At the hearing, the Department testified that there was no record of any MA application registered on Bridges for Claimant prior to the one submitted on April 14, 2014. (Exhibit 1). The Department testified that Claimant was approved for MA benefits effective April 1, 2014, however, a review of the eligibility summary presented establishes that although Claimant was approved for benefits under the G2C program effective April 1, 2014, the approval was never certified, so Claimant has not received those benefits as of the hearing date. (Exhibit 2). The Department also failed to present

a Notice of Case Action or Health Care Coverage Determination Notice establishing that the application was processed and that the Department notified Claimant of its decision with respect to the application.

At the hearing, Claimant testified that in December 2013, she contacted the Department to inform her case worker that she needed to apply for MA benefits. Claimant stated that in response, the Department case worker mailed Claimant an assistance application booklet. Claimant provided a copy of the envelope in which she stated the application booklet was mailed to her. (Exhibit A). Claimant credibly testified that on or around January 24, 2014, she completed the assistance application, went to the [REDACTED] location of the [REDACTED] on [REDACTED] and mailed the completed application to the Department. Claimant stated that one week later, she went to the Glendale office of the Department to inquire about whether the application was received and was informed by a Department worker that the application was received and put in the system on January 28, 2014. Claimant further testified that she was informed by the Department worker that it could take 45-60 days to process the MA application.

Claimant indicated that she waited until March 2014 and went back to the Glendale office to check the status of the application and was told that the Department did not have a record of the application. Claimant confirmed that she submitted an application for MA benefits on April 14, 2014; however, Claimant disputed being approved for MA benefits effective April 1, 2014. Claimant also provided a copy of a Health Care Coverage Determination Notice dated August 15, 2014, informing her that she was approved for MA benefits effective September 1, 2014, ongoing, however, it was unclear if this determination was in connection with the April 14, 2014, application or a third application that was submitted in June 2014. (Exhibit 1 and Exhibit A, at p. 6).

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 because Claimant presented sufficient evidence to establish that she submitted an application for MA benefits on January 24, 2014, 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 24, 2014, application for MA, to determine Claimant's eligibility for MA benefits under the most beneficial category;

2. Issue supplements to Claimant for any MA coverage that she was entitled to receive but did not from January 1, 2014, ongoing; and
3. Notify Claimant of its decision in writing.



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

Date Signed: **12/29/2014**

Date Mailed: **12/29/2014**

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