# STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Reg. No.: 15-000522 2004

Issue No.: Case No.:

April 02, 2015

Hearing Date:

County: **OAKLAND-DISTRICT 3** 

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

## **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; and Mich Admin Code, R 792.11002. After due notice, a three way hearing was held on April 2, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant's Authorized Hearing Representative (AHR) Claimant did not appear. Participants on behalf of the Department of Health and Human Services (Department) included , Eligibility Specialist and Hearing Facilitator.

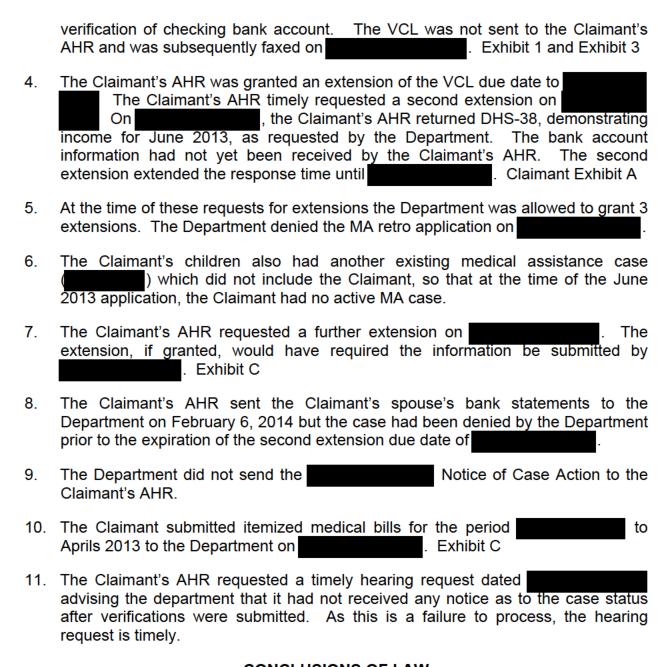
## ISSUE

Did the Department properly deny the Claimant Retroactive Medical Assistance (MA) application?

#### FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

- The Claimant applied for retroactive MA for 1. seeking retro MA. On the Claimant submitted a retro MA application seeking MA coverage for March and April 2013. Exhibit 4
- 2. The Department sent a Verification Checklist (VCL) on requesting the Claimant's spouse's income for the month of June, 2013 (Exhibit 2). The VCL information was due by . Exhibit 2
- The Department issued a Notice of Case Action on 3. denying the application for retro MA for failure to return verification of earned income and



# **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, The Department requested verifications of Claimant's income and bank statements by a Verification Checklist dated. During the hearing the Department could not confirm that the Claimant's AHR was sent the Notice of Case Action dated. The Department also denied the Application on prior to the expiration of the Verification Checklist second extension to the Department conceded that at the time the Department was authorized to grant three extensions to provide verification, thus the second extension should have been granted. At the time of the second extension request, the Claimant's AHR had submitted pay information. The Department could not determine whether the extension request was responded to, but the request was timely and thus should have been granted.

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 improperly and prematurely denied the Claimant's application for Retro MA as it denied the application prior to the VCL extension expiration and thus did not act in accordance with Department policy.

## **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. The Department shall reregister and reprocess the Claimant's retro MA application dated and determine Claimant's eligibility.
- 2. The Department shall provide written notice to the Claimant's AHR of its eligibility

determination and all written correspondence required to determine eligibility in this case.

Ja M. Serris

Lynn M. Ferris

Administrative Law Judge for Nick Lyon, Director

Department of Health and Human Services

Date Signed: 8/4/2015

Date Mailed: 8/4/2015

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**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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from MAHS within 30 days of the mailing date of this Hearing Decision, or MAHS <u>MAY</u> order a rehearing or reconsideration on its own motion. MAHS <u>MAY</u> 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

