

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-012540  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: September 03, 2015  
County: MACOMB-DISTRICT 20

**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 telephone hearing was held on September 3, 2015, from Detroit, Michigan. Participants on behalf of Claimant included [REDACTED]. The Claimant did not appear. No Participants on behalf of the Department of Health and Human Services (Department) appeared after being notified of the hearing.

**ISSUE**

Did the Department properly deny the Claimant's application for Medical Assistance?

**FINDINGS OF FACT**

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

1. The Claimant's AHR applied for Medical Assistance on his behalf on [REDACTED]. A retro MA application for February 2014 was also submitted.
2. The Department issued a verification checklist on [REDACTED] requesting information be provided by [REDACTED]. Exhibit 1
3. The Department issued a Health Care Coverage Determination Notice on [REDACTED] denying the application for failure to verify income. Exhibit 3
4. The Claimant's AHR provided the Verification Checklist information including a response regarding income, which was provided to the Department by the [REDACTED] extension date.

5. Thereafter, at the Department's request, the AHR provided a reconstructed application and as of the hearing request the Department has not processed the application. The Claimant seeks retroactive coverage to February 2014 with continuing coverage ongoing after April 2014.
6. The Claimant's AHR requested a timely hearing on [REDACTED], protesting the Department's failure to process the Claimant's [REDACTED] MA application.

### **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, after notice and a telephone call, failed to appear at this hearing. The Claimant's AHR seeks to have the Department process the Claimant's Medicaid application for April 2014 with retroactive coverage for February 2014 ongoing. While the Department's hearing summary states the verifications were not received, the Claimant's AHR testified under oath that verification was returned in full on [REDACTED]. (See also hearing request). Thereafter, the AHR testified that the Department requested a reconstructed MA application. While the Department appears to have issued a Decision on [REDACTED] denying the application for failure to return the verification of income, the Department did not appear to rebut the testimony of the AHR that the verification was provided in a timely manner after an extension was granted. Nor was any evidence presented that the Claimant's AHR received a copy of the Department's decision and Health Care Coverage Decision Notice. The verification information was sent to the Greydale DHHS office. (See Request for Hearing). Based upon the evidence and testimony provided, it is determined that the Department improperly denied the Claimant's MA application for [REDACTED] and Retro application, as it is determined that the verifications were timely provided.

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 denied the Claimant's Medicaid

application of [REDACTED] for failure to provide verification of income and failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied the application.

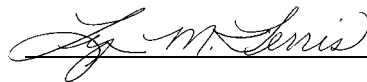
**DECISION AND ORDER**

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 the [REDACTED] application and Retro Application and determine the Claimant's MA eligibility for April 2014, retro MA coverage, and **ongoing** eligibility for Medical Assistance in accordance with Department policy.
2. The Department shall provide the Claimant and Claimant's AHR a written notice of its decision regarding the MA [REDACTED] and retro MA application and shall make all other requests for information to the both the Claimant and the Claimant's AHR in writing.



**Lynn M. Ferris**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **9/8/2015**

Date Mailed: **9/8/2015**

LMF / 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 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 **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:

