

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

IN THE MATTER OF:

██████████
██████████
██████████

Reg. No.: 15-000206
Issue No.: 2001
Case No.: ██████████
Hearing Date: March 18, 2015
County: Wayne-District 17

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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, an in-person hearing was held on March 18, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████, appeals analyst with ██████████; Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist.

ISSUE

Did the Department properly process Claimant's April 23, 2014 application for Medical Assistance (MA) with request for retroactive coverage to February 2014?

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 April 23, 2014, the AHR submitted an application for MA benefits for Claimant with request for retroactive coverage to February 2014.
2. The AHR was identified as Claimant's authorized representative in the application.
3. On April 23, 2014, the Department sent Claimant a Health Care Coverage Determination Notice approving Claimant for MA coverage for April 1, 2014 ongoing under the Healthy Michigan Plan (HMP) but denying MA coverage for either of the two requested retro months.

4. On January 2, 2015, the AHR filed a request for hearing alleging that the Department failed to properly process Claimant's April 23, 2014 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 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.

As a preliminary matter, it is noted that the issue of the timeliness of the AHR's hearing request was considered. The Department argued that the AHR filed a request for hearing on January 2, 2015; more than 90 days after the Department sent a notice of case action to Claimant denying her application. However, the AHR alleges that the Department failed to properly process the application because it did not send any correspondence, including a notice of case action denying the application, to the AHR. Because the AHR's request for hearing concerns a failure to process and it is not tied to receipt of a written notice sent by the Department to the AHR, the 90-day timeliness issue is not applicable. See BAM 600 (April 2015), p. 6.

In this case, the AHR testified that it submitted the April 23, 2014 MA application on Claimant's behalf, listing itself as Claimant's authorized representative. On the record, the Department confirmed that the AHR was identified as Claimant's authorized representative on the application. The authorized representative assumes all the responsibilities of a client. BAM 110 (July 2014), p. 9. Accordingly, the Department should send all correspondence concerning the client's case to the authorized representative. In this case, the Department confirmed that the April 23, 2014 Health Care Coverage Determination Notice denying MA coverage for the two requested retro months (February 2014 and March 2014) was sent only to Claimant. Because the Department did not send the Health Care Coverage Determination Notice denying Claimant's MA retro application to the AHR, acting as authorized representative, the Department did not act in accordance with Department policy when it processed Claimant's MA case.

Furthermore, at the hearing, the AHR established that Claimant alleged a disability in the April 23, 2014 application. When a client who has applied for MA alleges a disability

the Department must gather medical documentation and forward the documents to the Medical Review Team (MRT) in accordance with BAM 815 (July 2013), pp. 2-7. The Department acknowledged at the hearing that it did not process Claimant's retro MA application to determine whether she had a disability. In failing to do so, the Department did not act in accordance with Department policy.

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 processed Claimant's April 23, 2014 MA application request for retro coverage for February 2014 and March 2014.

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. Reregister and reprocess Claimant's retro MA application tied to the April 23, 2014 MA application to determine Claimant's MA eligibility for February 2014 and March 2014 based on disability;
2. Provide Claimant with MA coverage she is eligible to receive for February 2014 and March 2014; and
3. Notify Claimant and the AHR in writing of its decision.



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **3/24/2015**

Date Mailed: **3/24/2015**

ACE / tlf

