

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-004759
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: May 14, 2015
County: Calhoun (District 21)

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 3-way telephone hearing was held on May 14, 2015, from Lansing, Michigan. Participants on behalf of Claimant included Claimant's Authorized Hearing Representative (AHR) [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED] and [REDACTED].

ISSUE

Did the Department properly deny Claimant's Medical Assistance (MA) or "Medicaid" application?

FINDINGS OF FACT

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

1. Claimant applied for MA on June 3, 2014, with a request for retroactive coverage back to May 2014.
2. A Health Care Coverage Determination Notice was sent to Claimant on September 2, 2014. The Department did not determine the retroactive coverage because the application was not signed.
3. Claimant's AHR from [REDACTED] requested a hearing on March 18, 2015 contesting the denial of MA.

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.

An incomplete application contains the minimum information required for registering an application. However, it does not contain enough information to determine eligibility because all required questions are not answered for the program(s) for which the client is applying; see BAM 105.

When an incomplete application is filed, retain the application and give or send the client the DHS-3503, Verification Checklist. Inform the client of the:

- Request for contact to complete missing information.
- Due date for missing information.
- Interview date, if applicable.

If an interview is necessary, conduct it on the day of the filing, if possible. Otherwise, schedule it for **no later than 10 calendar days** from the application date. (BAM 115, p. 1. (1-1-2015).

All Programs

The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information.

Exception #1: For **FAP**, the SOP begins when the **correct** local office receives it; see BAM 110, WHERE TO APPLY/PROCESS APPLICATIONS, FAP ONLY.

Exception #2: For **FAP**, when a person applies for SSI and FAP before being released from a medical institution, the SOP begins on the applicant's date of release.

See BAM 105, for the minimum required information for filing.

Process applications and requests for member adds as quickly as possible, with priority to the earliest application date; see Processing Delays in this item. Requests for member adds must be entered in Bridges. (BAM 115, p. 15)

In this case, Claimant provided a printout showing an online MA application with a request for retroactive coverage was filed and electronically signed on June 3, 2014, at 11:50 a.m. Claimant also provided an Authorization for Release on Information dated May 26, 2014, which authorizes Claimant's AHR from [REDACTED] to pursue benefits on his behalf. There was no basis for the Department to refuse to process the retroactive MA application.

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 did not determine eligibility for May 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. Reinstate and reprocess Claimant's June 3, 2014, application for MA including the request for retroactive coverage for May 2014.
2. Activate MA coverage going back to May, 2014 if Claimant's is found eligible.



Aaron McClintic
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Mailed: **5/21/2015**

AM/jaf

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:

