

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED]

Claimant

Reg. No: 2008-15622

Issue No: 2012

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

November 20, 2008

Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Marlene B. Magyar

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on November 20, 2008. Claimant did not personally appear; however, she was assisted by [REDACTED]

ISSUE

Did the department properly process claimant's September 25, 2007 Medicaid (MA)/retro-MA application?

FINDINGS OF FACT

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

(1) On September 25, 2007, the department received claimant's MA application, filed by her authorized representative (Client Exhibit B, pgs 1-4).

(2) Page two of that application indicates claimant is not disabled (Client Exhibit C, pg 11).

(3) PAM Item 115, page 15 states that, for all programs, the department must send a written denial notice within the standard of promptness for application processing.

(4) This same policy also directs local offices to send written approvals at case opening, if the department finds an applicant eligible for any program they applied for (Note: claimant applied for Medical Assistance)(Client Exhibit B, pg 6; Client Exhibit C, pg 10).

(5) On November 14, 2007, claimant's authorized representative provided the items the department requested, which the department said were necessary to complete application processing.

(6) After this information was provided, the department communicated no further with claimant's authorized representative; consequently, on January 30, 2008 (4 months after this application was filed), the representative made a telephone inquiry regarding their client's application processing status.

(7) In fact, claimant's authorized representative never received a written approval or denial notice about the disputed application; therefore, they filed a hearing request on February 7, 2008 to compel processing to completion (See Finding of Fact #3 and #4 above).

(8) At the hearing on November 20, 2008, the department's witness admitted no written approval or denial notices were contained within claimant's file, despite the fact they opened Adult Medical Program (AMP) benefits for her, and also, they decided she did not qualify for any MA category.

(9) Claimant's authorized representative argued the department's failure to follow their application processing rules requires application reinstatement and reprocessing.

## CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

The applicable departmental policy states:

### **LOCAL OFFICE RESPONSIBILITIES**

#### **All Programs**

Ensure client rights described in this item are honored and that client responsibilities are explained in understandable terms. Clients are to be treated with dignity and respect by all DHS employees. PAM, Item 105, p. 8.

### **DEPARTMENT POLICY**

#### **All Programs**

Clients have rights and responsibilities as specified in this item.

The local office must do **all** of the following:

- . Determine eligibility.
- . Calculate the level of benefits.
- . Protect client rights. PAM, Item 105, p. 1.

### **AUTHORIZED REPRESENTATIVES**

#### **All Programs**

An **Authorized Representative** (AR) is a person who applies for assistance on behalf of the client and/or otherwise acts on his behalf (e.g., to obtain FAP benefits for the group.) An AR is not

the same as an Authorized Hearing Representative (AHR) PAM, Item 110, p. 6.

At application, [REDACTED], properly verified their authorized representative status and provided all the information the department requested at that time. After that, several months lapsed without any further departmental action or notification to claimant's authorized representative in direct violation of PAM Item 115, page 15 (See Finding of Fact #3 and #4 above). As such, this omission cannot be upheld.

Additionally at the hearing, claimant's authorized representative indicated they were applying for MA for their client under the Caretaker-Relative category. When correctly processing claimant's reinstated application the department should focus on the policy that applies to this situation (3 generation households) and determine what verifications are necessary to decide MA eligibility or the lack thereof for same.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the department erred in processing claimant's September 25, 2007 MA/retro-MA application.

Accordingly, the department's action is REVERSED and this case is returned to the local office for application reinstatement and reprocessing in compliance with departmental policy.

**SO ORDERED.**

/s/ \_\_\_\_\_  
Marlene B. Magyar  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: May 19, 2009

Date Mailed: May 20, 2009

**NOTICE:** Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

MBM/db

cc:

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