

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: 2008-25147

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

July 16, 2009

St. Joseph County DHS

ADMINISTRATIVE LAW JUDGE: LISA D. DAHLQUIST

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 July 16, 2009. Claimant was represented by [REDACTED] [REDACTED] Nancy Scott, Eligibility Specialist, and Ellen Cummerl, Family Independence Manager, appeared on behalf of the Department.

ISSUE

Whether claimant's request for a hearing for denial of Medical Assistance is timely.

FINDINGS OF FACT

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

1. Claimant died on August 5, 2007.
2. Claimant has an authorized representative for purposes of the Medical Assistance program.

3. On November 30, 2007, Department received an “incomplete” application for Medical Assistance (Exhibit #1).
4. Department sent application form, Verification Checklist (DHS-3503) and Incomplete Application Notice (DHS-723) by fax to claimant’s authorized representative on December 5, 2007 (Exhibit #2).
5. Verifications were due on December 17, 2007.
6. Claimant’s authorized representative received three 10-day extensions from the Department extending the due date to December 27, 2007, January 6, 2008, and finally to January 16, 2008 (Exhibit #3).
7. Department issued Application Eligibility Notice (DHS-1150) for Adult Medical Program (AMP) for failure to provide complete application and required verification on January 16, 2008 (Exhibit #4).
8. Another application intended for retro Medical Assistance (for the period from August 2007 through October 2007) with death certificate was received by Department on January 25, 2008. No signature by a relative of the deceased claimant was provided or letter of authority from a personal representative. Also, no assets/income verification for period requested to be covered was submitted.
9. Department issued a “corrected “ Application Eligibility Notice (DHS-1150) on January 29, 2008 pertaining to Medicaid program (Exhibit #5), which was faxed to claimant’s authorized representative with an explanatory cover letter (Exhibit #6).
10. Letter of Authority/Personal Representative issued by Probate Court effective April 22, 2008 (Exhibit #7).
11. On June 26, 2008, claimant’s personal representative submitted request for hearing.

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 (formerly known as the Family Independence Agency) 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).

An authorized representative is the person who applies for assistance on behalf of the client and/or otherwise acts on his behalf. PAM, Item 110. The authorized representative assumes all the responsibilities of a client. PAM, Item 110.

Under PAM 600, clients have the right to contest any Department decision affecting eligibility or benefit levels whenever they believe the decision is illegal. Efforts to clarify and resolve the client's concerns start when the Department receives a hearing request and continues through the date of the hearing. The Department provides an administrative hearing to review the Department decision and determine if it is appropriate. All clients have the right to request a hearing. Either the adult member of the eligible group, or the client's Authorized Hearing Representative (AHR) have the authority to exercise the right by signing a hearing request. The client or the AHR has 90 calendar days from the date of the written notice of case action to request a hearing. Requests must be received anywhere in DHS within the 90 days. Days as used in this item, mean calendar days unless otherwise specified. (PAM 600).

In the present case, claimant was denied Medical Assistance benefits and sent notice of the denial on January 29, 2008. A request for hearing regarding the denial was received

on June 26, 2008. Claimant's request for a hearing is untimely. Claimant's authorized representative was notified of the denial, as the Application Eligibility Notice (DHS-1150) was faxed with a letter to claimant's authorized representative (Exhibits #5 and #6) on January 29, 2008. This Administrative Law Judge finds that the claimant's request for a hearing is untimely, and therefore, a hearing for the denial of claimant's application for Medical Assistance shall not be heard.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides claimant's request for a hearing is untimely. It is therefore ORDERED that claimant's request for a hearing is DISMISSED.

/s/ _____
Lisa D. Dahlquist
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: July 23, 2009

Date Mailed: July 28, 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.

LDD/law

cc:

