

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: 2008-16807
Issue No: 2012
Case No. [REDACTED]
Load No: [REDACTED]
Hearing Date:
March 23, 2009
Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Tyra L. Wright

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 hearing was held on March 23, 2009. Claimant's hearing representative from Medicaid Assistance Service, Inc. represented Claimant. A family independence manager and a family independence specialist represented the Department.

ISSUE

Did the Department fail to respond to Claimant's application for the Medical Assistance (MA) program?

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, through his authorized hearing representative, contends that he applied for MA benefits on December 10, 2007.

- (2) The Department sent to Claimant's home address a Verification Checklist, dated December 14, 2007 that requested paycheck stubs for the "past 30 days," unemployment compensation verification, DHS-32, and a Medical Needs form, DHS 54-A. (Exhibit 1). The checklist indicated that the deadline for submitting the information was January 2, 2008.
- (3) The Department contends that it denied Claimant's application on January 25, 2008 on the grounds that he failed to return requested verifications needed to determine eligibility. (Exhibit 2).
- (4) Claimant's representative also contends that it never received the Verification Checklist, DHS 3503.
- (5) Claimant's representative presented evidence [REDACTED] [REDACTED] received, on December 10, 2007, an application for Medical assistance, DHS-1171, an authorization for representation, bank statements, and unemployment compensation stubs among other documents and information.
- (6) Claimant requested a hearing on February 27, 2008. (Exhibit 3).

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 for FAP and MA are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

DEPARTMENT POLICY

MA, AMP, and TMAP

The Department of Community Health (DCH) is responsible for the following medical programs in Michigan:

- Medicaid
- Adult Medical Program (AMP)
- TMA-Plus
- MICHild
- Maternity Outpatient Medical Services (MOMS)

DHS administers Medicaid, AMP, and TMA-Plus under the supervision of DCH. DCH administers the MICHild and MOMS programs.

DCH has established a “no-wrong-door policy” for Medicaid, AMP and MICHild. The purpose is to expand where a person may submit an application for medical assistance to include places such as health plans and local health departments.

As a result of these policies a person may be a FAP or CDC client with DHS and a MICHild recipient with DCH. The person would be responsible for reporting changes to both DHS and MICHild in accordance with each agency’s reporting policies. (PAM 120, pg. 1)

Date of Application All Programs

The date of application is the date the local office receives the required minimum information on an application or the filing form. If the application or filing form is faxed, the transmission date of the fax would be the date of application. Record the date of application on the application or filing form.

The date of application does **not** change for FIP, SDA, MA, CDC or AMP when the application is transferred to another local office. (PAM 110, pg. 12 &13)

WHERE TO APPLY/PROCESS APPLICATIONS

MA

A medicaid application can be processed by the local office serving the client or the authorized representative. (PAM 110, pg. 13)

STANDARDS OF PROMPTNESS

All Programs

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

See [PAM 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 registered on ASSIST. See AUM 150.

FIP, CDC, SDA, MA and AMP Only

Approve or deny the application and mail the client a notice within 45 days. If the client applied for CDC, the CDC provider must also be sent a notice within 45 days. (PAM 115, pg. 10-11).

In this case, Claimant established that he filed an application for MA benefits with in Wayne County at the Department’s [REDACTED] on December 10, 2007, four days before the Department sent a Verification Checklist to his home address rather than to his authorized representative. Although the Department sent the Checklist to Claimant’s home address, [REDACTED] the Department did not send the checklist to Claimant’s authorized representative, Medicaid Assistance Service. An authorized representative stands in the shoes of the represented Claimant and assumes all the responsibilities of the Claimant. Therefore, the Department failed to establish that it sent the Verification Checklist to Claimant’s authorized representative. Under the circumstances, because Claimant’s authorized representative did not receive the verification checklist, the Department erred in denying his application on the grounds that he did not respond to the Checklist by the January 2, 2008 deadline.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department improperly denied Claimant's application for MA benefits.

Accordingly, the Department's decision is REVERSED. The Department is ORDERED to (1) request any additional information, if any, needed from Claimant, (2) make a timely determination regarding his application for MA benefits and (3) issue any benefits Claimant is eligible to receive from the date of his application and any retroactive MA benefits which he is eligible to receive.

/s/ _____
Tyra L. Wright
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 03/26/09

Date Mailed: 03/27/09

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 mailing 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.

TW/dj

cc:

[REDACTED]