

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: 2008-19287  
Issue No: 2012  
Case No. [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
March 19, 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 19, 2009. Claimant's hearing representative from [REDACTED] personally appeared and testified. A family independence manager and an eligibility 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 21, 2007.

- (2) The Department contends that it did not receive an application from Claimant.
- (3) Claimant's representative presented evidence that the Department's [REDACTED] District office in Wayne County received an application from claimant on December 21, 2007. (Exhibit B-1).
- (4) Claimant requested a hearing on May 5, 2008.

### 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 in Wayne County at the Department's Medbury District Office on December 21, 2007.

Claimant did not get a response to his application.

DECISION AND ORDER

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

Accordingly, 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

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cc:

