

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.: 2009-11614

Issue No.: 2011

Case No.: [REDACTED]

Load No.: [REDACTED]

Hearing Date:

May 6, 2009

Wayne County DHS (73)

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

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 Hearing received by the Department on June 12, 2008. After due notice, a telephone hearing was conducted from Detroit, Michigan on May 6, 2009. The Claimant's authorized hearing representative, [REDACTED], appeared and testified.

ISSUE

Whether the Department properly denied the Claimant's Medical Assistance ("MA-P") application effective June 2007?

FINDINGS OF FACT

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

1. On June 16, 2007, the Claimant was treated and discharged the same day, at [REDACTED] following a physical altercation.
2. The Claimant did not participate in the hearing process but his authorized representative did.

3. The Department did not participate in the hearing process.
4. The Claimant submitted an application for public assistance seeking MA-P and SDA benefits.
5. On July 30, 2007, the Department sent the Claimant an Eligibility Notice informing the Claimant that the May 1, 2007 application was denied. (Exhibit 1, p. 2)
6. On November 28, 2007, the Claimant authorized [REDACTED] to act on his behalf regarding his eligibility for Medicaid. (Exhibit 1, p. 5)
7. On June 12, 2008, the Department received a written request for hearing from the Claimant's authorized representative requesting a denial notice for a July 26, 2007 application.

CONCLUSIONS OF LAW

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of Human Services ("DHS"), formally known as the Family Independence Agency, 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").

A request for public assistance may be in person, by mail, telephone or through by an internet application. PAM 110 Clients must complete and sign public assistance applications. PAM 115 An application is incomplete until enough information is provided to determine eligibility. PAM 115 Registered applications must contain, at a minimum, the name, birth date, and address of the applicant, along with the signature of the applicant or authorized representative. PAM 105 Retro-MA coverage is available back to the first day of the third

calendar month prior to the application date. PAM 115, The date of application is the date the local office receives the required minimum information on an application. PAM 110 If a client refuses to cooperate in the application process, a denial notice is sent within the standard of promptness. PAM 115

Any person, regardless of age, or his authorized representative, may apply for assistance. PAM 110 An authorized representative (“AR”) is a person who applies for assistance on behalf of the client and/or otherwise acts of his behalf. PAM 110 An individual who is not a spouse, parent, legal guardian, adult child, stepchild, or other specified relative of the person, must have a signed authorization to act on behalf of the client, by the client, client’s spouse, parent(s) or legal guardian. PAM 110 An AR assumes all responsibilities of the client and must provide his name, address, and title or relationship to the client. *Id.* The application form must be signed by the client or the individual acting as the authorized representative. *Id.* An application received from an agency is acceptable if it is signed by an individual and is accompanied by written documentation from the client authorizing the agency to act as the authorized representative. PAM 110 For MA purposes, an authorized representative must be designated in writing by the client. *Id.*

In the record presented, the authorized representative contends that the July 30, 2007 Eligibility Notice (issued prior to the authorization to represent) was defective because it references a May 1, 2007 application date. The Request for Hearing requests a copy of the denial for the Medicaid application file “on or about July 26, 2007. As noted above, the Claimant did not participate in the hearing process, nor did the Department, however, there was no evidence that a July 2007 application exists. A Facility Admission Notice is not a substitute for the application. In addition, the authorized representative acknowledged it was not involved

in the filing of the application, nor did it have authorization to represent the Claimant until more than 90 days after the July 20, 2007 denial. Ultimately, based upon the submitted record, the Department's determination is affirmed.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department's denial of the Claimant's MA-P application is upheld as there is no evidence of a July application.

/s/

Colleen M. Mamelka
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 05/06/09

Date Mailed: 05/07/09

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 60 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.

CMM/jlg

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