

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No: 2009-18452  
Issue No: 2018

[REDACTED]

ADMINISTRATIVE LAW JUDGE: Suzanne L. Morris for Marlene 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 September 8, 2009 by Administrative Law Judge Marlene Magyar, who has been on medical leave from the State Office of Administrative Hearings and Rules. This hearing was completed by Administrative Law Judge [REDACTED] after reviewing the record. Claimant was represented by [REDACTED], from Independent Medical Network. Claimant personally appeared and testified.

**ISSUE**

Did the department properly process the claimant's Medical Assistance application based on disability (MA-P)?

**FINDINGS OF FACT**

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

1. [REDACTED] submitted an application for Medical Assistance (MA) based on disability for the claimant on September 30, 2008. (Department Exhibit 2)
2. On November 10, 2008, the department mailed the claimant an Application Eligibility Notice (DHS-1150) indicating she had been denied MA because she was not disabled as she was working 42 hours per week at two jobs. The notice was not mailed to the claimant's representative.

3. On February 23, 2009, the department received a hearing request from the claimant/representative requesting a hearing for failure to process the MA application from September, 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 (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Department policy states:

#### **All Programs**

Any person, regardless of age, or their authorized representative (AR) may apply for assistance. For **FAP only**, an AR must apply on behalf of certain clients; see the AUTHORIZED REPRESENTATIVES section below.

#### **All Programs**

An application or filing form, with the minimum information, must be registered on Bridges **unless** the client is already active for that program(s); see REGISTERING APPLICATIONS in this item. If there is no record on Bridges, the system assigns individual ID number(s) and an application number.

#### **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 (for example to obtain FAP benefits for the group). When no one in the group is able to make application for program benefits, any group member capable of understanding AR responsibilities may designate the AR. The AR assumes all the responsibilities of a client; see BAM 105. The AR must give his name, address, and title or relationship to the client. To establish the client's eligibility, he must be familiar enough with the circumstances to complete the application, answer interview questions, and collect needed verifications. Application may be made on behalf of a client by his spouse, parent, legal guardian, adult

child, stepchild, specified relative or any other person provided the person is at least age 18 or married. If this person is not a spouse, parent, legal guardian, adult child, stepchild, or specified relative 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. The application form must be signed by the client or the individual acting as his authorized representative. 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 their authorized representative.

### **FIP, SDA, RAP, CDC, MA and AMP Only**

Certify program approval or denial of the application within 45 days. Bridges automatically generates the client notice and if applicable, the CDC provider notice.

#### ***Exceptions:***

- 15 days for all pregnant Medicaid applicants.
- 30 days for Refugee Assistance Program (RAP) applicants.
- 60 days for SDA applicants.
- 90 days for MA categories in which disability is an eligibility factor.

The SOP can be extended 60 days from the date of deferral by the Medical Review Team.

### **All Programs**

If the group is ineligible **or** refuses to cooperate in the application process, certify the denial within the standard of promptness to avoid receiving an overdue task in Bridges. Bridges sends a DHS 1605, Client Notice, or the DHS-1150, Application Eligibility Notice, with the denial reason(s); see Reference Forms & Publications (RFF) manual.

The claimant and her representative submitted a hearing request in this matter to compel the department to process

the September, 2008 MA application. The hearing request was not submitted until February 23, 2009. The department points out that there was a denial of claimant's eligibility for MA issued on November 10, 2008, which makes the hearing request untimely, as it is more than 90 days. Federal regulations require the department to allow the applicant or recipient a reasonable time, not to exceed 90 days from the date that notice of action is mailed, to request a hearing. 42 CFR 431.221.

The claimant's representative has introduced evidence to show that she did submit the application on behalf of the claimant and that she included in the packet to the department an authorization to represent signed by the claimant. Thus, the claimant's representative should have been notified of the denial of MA, along with the claimant. As this did not happen, the claimant's hearing request will not be considered untimely.

However, the claimant/representative submitted the hearing request to dispute the department's failure to process the September, 2008 application. In fact, the department did process the claimant's application and denied the claimant on November 10, 2008. Therefore, the department did act in accordance with policy when the claimant's application was processed.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department did process the claimant's MA application in accordance with department policy.

Accordingly, the department's actions are UPHELD. SO ORDERED.

/s/

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Suzanne L. Morris  
Administrative Law Judge  
On behalf of Marlene Magyar  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: 3/11/11

Date Mailed: 3/11/11

**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.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]