

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: 2009-21569
Issue No: 2012
Case No. [REDACTED]
Load No: [REDACTED]
Hearing Date:
June 18, 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 June 18, 2009. Claimant personally appeared and testified. 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 applied for MA benefits in October 2008 at the [REDACTED] office. At that time, she also applied for food assistance program (FAP) and Family Independence Program (FIP) benefits.

- (2) The Department contends that Claimant was told that the Adult Medical Program would not open for enrollment until February 2009 and that she should request forms at that time.
- (3) Claimant did not get a response regarding her request for MA, FIP or FAP, but began receiving FAP benefits in January 2009. Therefore, after the beginning of 2009, she began calling the Department to ask about her MA application.
- (4) The Adult Medical Program enrollment opened in February 2009. Claimant actually spoke to a Department worker in March 2009 and asked about her request for MA.
- (5) The Department worker contends that she sent Claimant an application for the medical program on May 7, 2009 but did not deny having spoken to Claimant in March 2009.
- (6) Claimant requested a hearing on April 27, 2009.

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, the evidence established that Claimant filed an application for MA benefits on October 10, 2008. Claimant did not get a response to her application. Furthermore, despite repeatedly calling her Department worker, starting in January 2009, to follow-up on her request for medical assistance, the Department did not respond until May 7, 2009 when the worker contends that she sent Claimant an application for a program that opened more than three months earlier. Ironically, when Claimant called in March 2009 the month after the medical program opened, the Department did not respond to her follow-up inquiry regarding her request for medical assistance. Under these circumstances, it is found that the Department did not respond to Claimant’s request for assistance.

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 her application for MA benefits from the date of her application in October 2008 and (3) issue any benefits Claimant is

eligible to receive and any retroactive MA benefits which she is eligible to receive.

/s/

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

Date Signed: 06/26/09

Date Mailed: 06/29/09

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]