STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: ▮▮▮▮▮▮

Claimant

Reg. No: 2009-3264
Issue No: 2006
Case No: ▮▮▮▮
Load No: ▮▮▮▮▮
Hearing Date:
October 13, 2009
Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Marlene B. 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 October 13, 2009. Claimant did not appear; however, he was represented by ▮▮▮ ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ ▮▮▮

Did the department properly process claimant's April 22, 2008 Medicaid (MA)/retro-MA application?

FINDINGS OF FACT

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

(1) On April 22, 2008, claimant's authorized representative filed an MA/retro-MA application on claimant's behalf (Client Exhibit A, pgs 1-8).

(2)   On April 25, 2008, the department mailed a <u>Verification Checklist</u> (DHS-3503) to claimant's address-of-record, but this checklist does not verify a copy was ever sent to claimant's authorized representative and the application processing worker acknowledged at hearing he could not recall anything more about the department's application processing actions beyond that date (Department Exhibit #5).

(3)   Claimant's authorized representative did not receive any notice of approval/denial of this application and the application processing worker could not locate a copy of said notice in claimant's file as of the hearing date.

(4)   Claimant's April 22, 2008 MA/retro-MA application indicated he was residing with his wife and minor child in March 2008 (Client Exhibit A, pg 2).

(5)   The last page of the application also notes in relevant part:

> Please apply as a family case to include [claimant], [claimant's wife] and [claimant's minor child](Client Exhibit A, pg 8).

(6)   Claimant was hospitalized in March 2008 (one of the retro-MA months in dispute).

(7)   In May 2008 (5/20/08), claimant's authorized representative filed another MA/retro-MA application to protect the retro-MA period listed above.

(8)   The local office processed this application as a disability case only, without consideration of caretaker-relative MA status, because by that time (5/08) claimant represented his wife and daughter were no longer living with him (Department Exhibit #1, pg 2).

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 Program Administrative

Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual

(PRM).

The applicable departmental policy states:

AUTHORIZED REPRESENTATIVES

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 (e.g., to obtain FAP benefits for the group.) An AR is not the same as an Authorized Hearing Representative (AHR) PAM, Item 110, p. 6.

The AR assumes all the responsibilities of a client. See PAM 105. PEM, Item 110, p. 7.

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. PAM, Item 110, p. 7.

DEPARTMENT POLICY

All Programs

Clients have rights and responsibilities as specified in this item.

The local office must do **all** of the following:

- Determine eligibility.
- Calculate the level of benefits.
- Protect client rights. PAM, Item 105, p. 1.

At application and redetermination:

- Thoroughly review all eligibility factors in the case.

Applications and redeterminations must be completed within the standards of promptness. See PAM 115, 210. PAM, Item 105, p. 11.

> Document each determination of eligibility or ineligibility on the DHS-1171-C, Eligibility Determination and Certification, and inform the client of the decision. PAM, Item 105, p. 11.

At all times relevant, the local office knew claimant had an authorized representative for MA/retro-MA processing purposes. The above-referenced policy requires the department to advise representatives in writing of the approval/denial of said applications. That was not done in claimant's case relative to his April 22, 2008 MA/retro-MA application; consequently, a procedural error occurred which requires application reinstatement and reprocessing. Additionally, it must be noted claimant's authorized representative was requesting the department to explore caretaker-relative MA for potential eligibility in March 2008 (See Finding of Fact #4 and #5 above).

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department erred in processing claimant's April 22, 2008 MA/retro-MA application.

Accordingly, the department's action is REVERSED, and this case is returned to the local office for application reinstatement and reprocessing consistent with departmental policy. **SO ORDERED.**

/s/_____
Marlene B. Magyar
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: October 26, 2009

Date Mailed: October 27, 2009

<u>NOTICE</u>: 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 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.

MBM/db

cc: