

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: 2009-4790
Issue No: 2012
Case No. [REDACTED]
Load No: [REDACTED]
Hearing Date:
June 22, 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 22, 2009. Claimant personally appeared and testified. A non-JET family independence specialist and a family independence manager represented the Department.

ISSUE

Did the Department fail to respond to Claimant's application for the Adult Medical Program (AMP) benefits?

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 AMP benefits on October 7, 2008. At that time, she also applied for Food Assistance Program (FAP) and State Emergency Relief (SER) benefits.

- (2) The Department also gave Claimant a Verification Checklist, DHS form 3503, requesting certain information on October 7, 2008. (Exhibit 1). The documentation was due on October 17, 2008.
- (3) Claimant faxed the documentation which included statements from her mother and sister regarding their financial assistance (Exhibits 3 and 4) to the Department on October 8, 2008.
- (4) The Department contends that Claimant did not provide verification of how much financial assistance she received from relatives and how often.
- (5) Claimant contends that she did not get a response regarding her request for AMP benefits.
- (6) The Department asserted that claimant was denied FAP and AMP benefits.
- (7) Claimant requested the hearing on the ground that the Department failed to process her application for AMP despite the fact that she submitted the documentation the Department sought.
- (8) Claimant requested a hearing on October 23, 2008.

CONCLUSIONS OF LAW

The Adult Medical Program (AMP) is established by Title XXI of the Social Security Act; (1115)(a)(1) of the Social Security Act, and is administered by the Department of Human Services (formerly known as the Family Independence Agency) pursuant to MCL 400.10, et seq.. Department policies are contained 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)

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 AMP benefits on October 7, 2008 and Claimant did not get a response to her application. Furthermore, it is found that Claimant provided the Department with the statements the Department requested. Under these circumstances, it is found that the Department did not timely respond to Claimant's application for AMP benefits.

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 AMP benefits.

Accordingly, the Department's determination is REVERSED. The Department is ORDERED to (1) request any additional information, if any, needed from Claimant, (2) make a timely determination regarding her application for AMP benefits from the date of her application in October 2008 and (3) issue any benefits Claimant is eligible to receive and any retroactive AMP 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:

