

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: 2009-486
Issue No: 2012
Case No. [REDACTED]
Load No: [REDACTED]
Hearing Date:
July 13, 2009
Oakland 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 July 13, 2009. Claimant's hearing representative from [REDACTED] personally appeared and testified. A family independence manager and an eligibility specialist represented the Department.

ISSUE

Did the Department fail to respond to Claimant's application for the retroactive 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, through his authorized hearing representative, contends that he applied for retroactive MA benefits on April 3, 2008 at the Lapeer DHS office.

- (2) The Department contends that it did not receive an application from Claimant.
- (3) Claimant's representative offered a cover sheet produced by [REDACTED] as evidence that an application for retroactive MA benefits was received at the Lapeer DHS office on April 3, 2008. (Exhibit A3).
- (4) Claimant's representative requested a hearing on September 4, 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 (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 date stamp, alleged to be an April 3, 2008 stamp from the Lapeer office, is not legible on the copy of the document submitted by [REDACTED], the Claimant's representative. Therefore, the Claimant did not bear the burden of proving that an application for retroactive MA benefits was filed at the Lapeer DHS office on April 3, 2008.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department did not fail to respond to Claimant's application for MA benefits.

Accordingly, the Department's position is AFFIRMED.

/s/

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

Date Signed: 08/05/09

Date Mailed: 08/06/09

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

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