

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.: 2009-31137  
Issue No.: 2012  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date:  
September 3, 2009  
Wayne County DHS (17)

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for hearing. After due notice, a hearing was conducted from Detroit, Michigan on September 3, 2009. The Claimant's authorized representative, [REDACTED] of [REDACTED], appeared and testified. [REDACTED] and [REDACTED] appeared on behalf of the Department.

ISSUE

Whether the Department properly processed the Claimant's application for Medical Assistance ("MA-P") benefits?

FINDINGS OF FACT

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

1. On March 13, 2008, the Claimant submitted an application for Medical Assistance ("MA-P") seeking retroactive benefits from February 2009. (Exhibit 1, pp. 2 – 20)
2. The Claimant's application was registered on March 26, 2009. (Exhibit 1, p. 21)

3. On March 26, 2009, the Department sent a verification requests to the Claimant but not to the authorized representative. (Exhibit 1, pp. 22 – 27)
4. On April 10, 2008, the Department denied the Claimant’s application based upon the failure to submit the requested verifications. (Exhibit 1, pp. 28, 29)
5. On June 30, 2009, the Department received the Claimant’s written request for hearing protesting the department’s determination.

#### CONCLUSIONS OF LAW

The Medical Assistance (“MA”) program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act. 42 USC 1397 and is administered by the Department of Human Services, formally known as the Family Independence Agency, pursuant to MCL 400.10 *et seq* and MCL 400.105. Departmental policies are found in the Program Administrative Manual (“PAM”), the Program Eligibility Manual (“PEM”), and the Program Reference Manual (“PRM”).

A request for public assistance may be in person, by mail, telephone or through by an internet application. PAM 110 Clients must complete and sign public assistance applications. PAM 115 An application is incomplete until enough information is provided to determine eligibility. PAM 115 Registered applications must contain, at a minimum, the name, birth date, and address of the applicant, along with the signature of the applicant or authorized representative. PAM 105 Retro-MA coverage is available back to the first day of the third calendar month prior to the application date. PAM 115

Any person, regardless of age, or his authorized representative, may apply for assistance. PAM 110 An authorized representative (“AR”) is a person who applies for assistance on behalf of the client and/or otherwise acts of his behalf. PAM 110 An individual who is not a spouse,

parent, legal guardian, adult child, stepchild, or other specified relative of 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. PAM 110 An AR assumes all responsibilities of the client and must provide his name, address, and title or relationship to the client. *Id.* The application form must be signed by the client or the individual acting as the authorized representative. *Id.* 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 the authorized representative. PAM 110 For MA purposes, an authorized representative must be designated in writing by the client. *Id.*

The Claimant submitted an application for Medical Assistance on March 13, 2008. The Department failed to mail the verification requests to the authorized representative as required by policy. Under this factual scenario, it is found that the Department failed to establish that department policy was followed in the processing of the Claimant's application. Accordingly, the Department's actions are not upheld.

#### DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department failed to act in accordance with department policy in processing the Claimant's application.

Accordingly, it is ORDERED:

1. The Department's determination is REVERSED.
2. The Department shall re-open and process the Claimant's March 2009 application in accordance department policy.
3. The Department shall notify the Claimant and his representative, in writing, of the determination.

4. The Department shall supplement for any lost benefits (if any) the Claimant was entitled to receive if otherwise eligible and qualified.

/s/  
\_\_\_\_\_  
Colleen M. Mamelka  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: 09/11/09

Date Mailed: 09/11/09

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 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.

CMM/jlg

cc:

