

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg No. 201053156
Issue No. 2018
Case No. [REDACTED]
Load No. 1 [REDACTED]
Hearing Date: January 6, 2011
Clinton 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 the claimant's request for a hearing. After due notice, a telephone hearing was held on January 6, 2011. Claimant did not appear at the hearing; however, he was represented by [REDACTED]

ISSUE

Did the department properly process claimant's ongoing Medicaid (MA) deductible case from 2008 forward?

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 November 12, 2008, the department approved claimant MA eligible with a monthly deductible co-payment amount by sending written notice to his address-of-record, along with an enclosed Deductible Report form and a detailed explanation of his obligation to timely submit proof of incurred medical expenses for payment (Department Exhibit #1, pgs 1 and 2).
2. On or about January 5, 2010, the department received a written communication from [REDACTED] inquiring about an application they purportedly recently filed on claimant's behalf, apparently not cognizant of the fact he had an active MA deductible case open based on the previous application he filed on his own

behalf (Department Exhibit #1, pg 25)(See also Finding of Fact #1 above).

3. This written communication does not specify [REDACTED] purported application date, and in fact, it ends abruptly in the middle of a sentence which states: "...submitted a Medicaid application for the above client on ."(Department Exhibit #1, pg 25).
4. [REDACTED] provided no additional enclosures of any kind to the department with this mailing.
5. Claimant's now authorized representative stipulated on the hearing record this mailing admittedly does not verify their status an authorized representative for MA application filing purposes until 2009.
6. On April 13, 2009, [REDACTED] finally faxed a copy of their authorized representative status, which was not signed by claimant until November 9, 2009.
7. This was the first written authorization [REDACTED] ever provided to the department (Department Exhibit #1, pg 43).
8. At all times prior to this date, the department properly communicated directly with claimant only about the active status of his 2008 MA case.
9. Specifically, on February 20, 2010, the department notified claimant in writing at review his MA deductible case was ongoing with a [REDACTED] monthly deductible amount (Department Exhibit #1, pgs 39-42).
10. Three months after the department received [REDACTED] authorization to represent claimant, the department received a hearing request from that company seeking reimbursement of certain 2009 hospital bills (Department Exhibit #1, pg 54).
11. Claimant did not appear at the hearing; however, an [REDACTED] employee came in an attempt to establish his claim.
12. This employee stipulated on the record at hearing the department's documentary evidence did not support [REDACTED] contention they did, in fact, give notice to the department of their authorized status in 2009 (Department Exhibit #1, pgs 1-54).

13. This employee requested an extension of the record to obtain and submit said "proof" from remote files purportedly in existence in their office; consequently, one week's extension was granted.
14. On January 11, 2011, this Administrative Law Judge received several file documents from [REDACTED] none of which establishes they notified the department of their authorized representative status prior to April 13, 2010 (Client Exhibit A)(See also Finding of Fact #6 above).

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).

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 documentary evidence and credible testimony of record supports the department's position they did not receive the required authorization to represent form from [REDACTED] until April 13, 2010, despite [REDACTED] contention to the contrary at hearing, and despite the granting of a record extension at [REDACTED] request to verify same. Furthermore, this record clearly demonstrates the department provided claimant with all correspondence related to his initially-approved 2008 MA deductible case through present.

As such, the department was not under any obligation to notify [REDACTED] of any unknown action on claimant's case until April 2010.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department properly processed claimant's ongoing MA deductible case from 2008 forward.

Accordingly, the department's actions are AFFIRMED.

/s/

Marlene B. Magyar
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: February 10, 2011

Date Mailed: February 10, 2011

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.

MBM/db

cc:

