

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.: 2011-12367
Issue No.: 2000
Case No.: [REDACTED]
Hearing Date: February 17, 2011
Oakland County DHS (03)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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 February 17, 2011. [REDACTED] of [REDACTED] [REDACTED] appeared and testified on behalf of Claimant as an Authorized Hearing Representative (AHR). On behalf of Department of Human Services (DHS), [REDACTED], Specialist, and [REDACTED], Manager, appeared and testified.

ISSUE

Whether DHS properly denied Claimant's request for Medical Assistance (MA) benefits without evaluating Claimant for Medicaid based on disability.

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 2/1/10, DHS received an Assistance Application from Claimant requesting ongoing MA benefits and retroactive MA benefits back to 12/2009.
2. Medicaid Assistance Service was Claimant's authorized representative (AR) for purposes of the application dated 2/1/10.
3. On 5/8/10, DHS denied Claimant's eligibility for Adult Medical Program (AMP) benefits and failed to evaluate Claimant for Medicaid on the basis of being disabled.
4. On 12/6/10, Claimant's AHR requested a hearing disputing the denial of MA and contended that DHS failed to mail written notice of the denial.

5. On an unspecified date, DHS discovered that Claimant was improperly denied and began a determination for Claimant's eligibility for MA benefits based on Claimant's assertion of disability.

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 are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

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). PAM 110 at 7. The AR assumes all the responsibilities of a client. *Id.*

An adequate notice is a written notice sent to the client at the same time an action takes effect (not pended). BAM 220 at 2. Adequate notice is given for application denials. *Id.*

Claimant's AR/AHR contended that DHS failed to mail them a notice of the written denial. DHS did not dispute this. The issue might have been relevant because there is a 90 day time limit to request a hearing from the date a notice of case action is mailed. BAM 600 at 3. As DHS did not dispute the assertion of Claimant's AR/AHR that notice was not properly sent, the undersigned accepts that the hearing request was timely.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 at 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories.

DHS conceded that Claimant was only evaluated for eligibility for AMP benefits. DHS admits it was an error not to consider Claimant's assertion of disability. Prior to the

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hearing, DHS rectified the error and began the processing of Claimant's application dated 2/1/10 for ongoing Medicaid eligibility. The application is currently pending and awaiting a determination as to whether Claimant is disabled.

Claimant's AR/AHR accepted the actions that DHS has taken to correct their error as sufficient to resolve the issue previously in dispute. As Claimant no longer disputes an action by DHS, it is not necessary for the undersigned to decide the matter that was previously in dispute. Pursuant to MAC R 400.906 and 400.903, Claimant's AHR's hearing request is hereby DISMISSED.

DECISION AND ORDER

The Administrative Law Judge based upon the above findings of fact and conclusions of law finds that DHS corrected the error made in denying Claimant's application dated 2/1/10 requesting MA benefits. As there is currently no disputed issue to resolve, Claimant's request for hearing is DISMISSED.

Christian Gardocki

Christian Gardocki
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: 2/23/2011

Date Mailed: 2/23/2011

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 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.

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