

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201421212  
Issue No.: 2004  
Case No.: [REDACTED]  
Hearing Date: February 5, 2014  
County: Macomb County DHS #12

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**HEARING DECISION**

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on February 5, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and [REDACTED] as authorized hearings representative. Participants on behalf of the Department of Human Services (Department) included [REDACTED]

**ISSUE**

Whether the Department of Human Services (Department) properly processed the Claimant's application for Medical Assistance (M.A.)?

**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 December 17, 2013, the Claimant applied for Medical Assistance (M.A.).
2. On December 20, 2013, the Department determined that the Claimant had submitted an incomplete application.
3. The Department received the Claimant's request for a hearing on January 2, 2014, protesting the Department's processing of her Medical Assistance (M.A.) application.
4. Later, the Claimant submitted the required information and the Department approved the Claimant for Medical Assistance (M.A.) as of December 1, 2013.

**CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to

1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

On December 17, 2013, the Department received an incomplete application for Medical Assistance (M.A.), which did not include the Claimant's social security number. Later, the Department received the information necessary to process the application for benefits, and eventually approved the Claimant for Medical Assistance (M.A.) as of December 1, 2014.


The Department has established that it properly processed the Claimant's application for Medical Assistance (M.A.). Any grievances over the level of benefits the Claimant was approved for will be addressed by an administrative hearing already requested by the Claimant, and a separate notice of hearing will be sent out to address that issue.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it processed the Claimant's application for Medical Assistance (M.A.).

Accordingly, the Department's decision is **AFFIRMED**.

\_\_\_\_\_  
Kevin

  
Scully  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: February 6, 2014

Date Mailed: February 6, 2014

**NOTICE OF APPEAL:** 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) 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. MAHS 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 (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

KS/hj

cc:

