

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-004447
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: August 21, 2014
County: Wayne (49)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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, an in-person hearing was held on August 21, 2014, from Detroit, Michigan. Participants included the above-named Claimant. [REDACTED] testified and appeared as Claimant's authorized hearing representative. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Supervisor, who appeared by telephone.

ISSUE

The issue is whether DHS properly failed to process Claimant's Medical Assistance (MA) application.

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 [REDACTED], Claimant's AHR submitted to DHS an application requesting MA benefits.
2. On [REDACTED], Claimant's AHR also submitted documents listing Claimant's AHR as an authorized representative.
3. On [REDACTED], DHS mailed Claimant a Verification Checklist requesting proof of disability.
4. DHS did not mail a Verification Checklist to Claimant's AR.

5. On [REDACTED], DHS denied Claimant's MA application and mailed a Notice of Case Action to Claimant.
6. DHS did not mail a Notice of Case Action to Claimant's AR.
7. On [REDACTED] Claimant's AR/AHR requested a hearing to dispute the apparent DHS failure to process Claimant's MA application.

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. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Claimant's AHR requested a hearing to dispute an alleged failure by DHS to process Claimant's application dated [REDACTED]. DHS responded that no such application existed.

Claimant's AHR presented a Receipt for Application of Medical Assistance (Exhibit A1) The document is essentially a checklist created by Claimant's AHR's agency used as a cover sheet for document submissions. The presented form listed Claimant's name and among the checked items was a DHS Assistance Application. Claimant's AHR testified that Claimant's application and other documents were hand delivered to DHS on [REDACTED]. As proof of the delivery, the receipt had a DHS office mailroom date stamp of [REDACTED].

Claimant's AHR also presented a cover page and a signature page of Claimant's Assistance Application (Exhibits A2-A3). Claimant's AHR also presented a document signed by Claimant authorizing Claimant's AHR as a patient representative. The documents were compelling evidence that Claimant's AHR submitted an application and proof of representation to DHS on [REDACTED]. It is found that Claimant had an authorized representative.

An authorized representative (AR) is a person who applies for assistance on behalf of the client and/or otherwise acts on his behalf (for example, to obtain FAP benefits for the group). BAM 110 (1/2011), p. 7. The AR assumes all the responsibilities of a client. *Id.*, p. 8.

For all programs, DHS is to use the DHS-3503, Verification Checklist to request verification. BAM 130 (5/2012), pp. 2-3. DHS must give clients at least ten days to

submit verifications. *Id.*, p. 3 DHS must tell the client what verification is required, how to obtain it, and the due date. *Id.*, p. 2. DHS is to send a negative action notice when:

- the client indicates refusal to provide a verification, or
- the time period given has elapsed.

Id., p. 6.

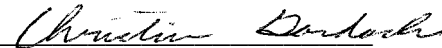
DHS alleged that Claimant was mailed a Verification Checklist (VCL) on 11/1/13 and that Claimant failed to respond to the VCL. Even if Claimant failed to respond to a VCL, Claimant's authorized representative is entitled to receive the VCL. DHS conceded that the VCL was not mailed to Claimant's AR. The DHS failure to mail a VCL to Claimant's AR is fatal to the DHS denial of Claimant's application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS:

- (1) reinstate Claimant's MA application dated [REDACTED], including any requested retroactive benefits; and
- (2) initiate processing of Claimant's application subject to the finding that DHS failed to properly request verifications from Claimant's AR.

The actions taken by DHS are **REVERSED**.



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

Date Signed:

Date Mailed:

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

cc:

