

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

**IN THE MATTER OF:**



Reg. No.: 14-010970  
Issue No.: 2002  
Case No.: [REDACTED]  
Hearing Date: December 03, 2014  
County: JACKSON

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

**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 December 3, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] of [REDACTED]. Participants on behalf of the Department of Human Services (Department) included FIM [REDACTED]

**ISSUE**

Did the Department properly deny Claimant's May 29, 2014 Medical Assistance 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 February 28, 2014, Claimant passed away.
2. On May 29, 2014, [REDACTED] submitted an incomplete retroactive Medical Assistance application in Claimant's name. [REDACTED] was not designated in writing as Claimant's authorized representative. The Facility Admission Notice sent with the incomplete application indicated that Claimant died on February 28, 2014.
3. On June 2, 2014, a Verification Checklist (DHS-3503) was sent to both Claimant and [REDACTED] requesting a completed application as well as medical and financial verifications. The completed application and verifications were due on June 13, 2014.

4. On June 11, 2014, [REDACTED] submitted a copy of Claimant's Certificate of Death. The cover letter also requested an extension of time and stated they were attempting to contact Claimant's family in order to obtain income and asset information.
5. On June 11, 2014, both Claimant and L & S Associates were sent a Health Care Coverage Determination Notice (DHS-1606). The Department denied the application. The notice stated "[REDACTED] failed to provide proof of authorization to represent; failed to provide a complete application."
6. On August 25, 2014, Jackson County Probate Court issued a Letter of Authority for Personal Representative for Claimant, to [REDACTED].
7. On September 4, 2014, [REDACTED] submitted a hearing request disputing denial of Claimant's May 29, 2014 Medical Assistance application. An August 25, 2014, Authorization To Represent letter, signed by [REDACTED] as Claimant's personal representative was submitted with the hearing request.

### **CONCLUSIONS OF LAW**

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

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Bridges Administration Manual (BAM) 110 Application Filing and Registration (2014) states:

#### **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 (for example, to obtain FAP benefits for the group).

**Note:** An AR is **not** the same as an Authorized Hearings Representative (AHR); see the Bridges Policy Glossary (BPG) for hearings policy definition.

When no one in the group is able to make application for program benefits, any group member capable of understanding AR responsibilities may designate the AR.

The AR assumes all the responsibilities of a client; see BAM 105.

AR's must give their name, address, and title or relationship to the client. To establish the client's eligibility, they must be familiar enough with the circumstances to complete the application, answer interview questions, and collect needed verifications.

## **WHO MAY BE AN AUTHORIZED REPRESENTATIVE (AR)**

### **Medicaid Only**

Application may be made on behalf of a client by his spouse, parent, legal guardian, adult child, stepchild, core relative or any other person provided the person is at least age 18 or married. If this person is not a spouse, parent, legal guardian, adult child, stepchild, or core relative, the person must have authorization to act on behalf of the client, by the client, client's spouse, parent(s) or legal guardian.

The application form must be signed by the client or the individual acting as his authorized representative.

### ***Authorized Representative***

#### **Medicaid Only**

An authorized representative must be one of the following:

An adult child or stepchild.

A core relative.

Designated in writing by the individual.

Court appointed.

A representative of an institution (such as jail or prison) where the individual is in custody.

During this hearing the [REDACTED] representative did not dispute the lack of written authorization to be Claimant's authorized representative when the incomplete Medical Assistance application was submitted on May 29, 2014. [REDACTED] argued that the intent of BAM 110 is NOT to prevent applications for persons who need assistance and may be eligible for it.

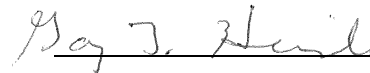
There are no provisions on BAM 110 that would prevent applications for persons who need assistance and may be eligible for it. The BAM 110 provisions cited above simply limits Medicaid authorized representatives to family or those with legally established

authority. If [REDACTED] had not obtained Court appointed authority before submitting this hearing request, the hearing request would have properly been dismissed. Because [REDACTED] DID NOT obtain designation as Claimant's authorized representative before submitting the May 29, 2014 application, the application was properly denied.

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 denied Claimant's May 29, 2014 Medical Assistance application.

### **DECISION AND ORDER**

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



Gary Heisler  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **12/26/2014**

Date Mailed: **12/26/2014**

GFH/hj

**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 48909-8139

cc:

