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

IN THE MATTER OF:



14-019236 Reg. No.:

Issue No.: 2001

Case No.:

County:

Hearing Date: March 11, 2015 Wayne-District 15

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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 3-way telephone hearing was held on March 11, 2015, from Detroit, Michigan. Participants on behalf of Claimant included _____, appeals analyst for , Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (Department) included ..., Assistance Payment Worker.

ISSUE

Did the Department properly process Claimant's April 24, 2014 application for Medical Assistance (MA) benefits?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

- On April 25, 2014, an application for MA benefits was submitted on Claimant's 1. behalf.
- 2. On April 28, 2014, the Department sent Claimant a Health Care Coverage Supplemental Questionnaire requesting additional information concerning her MA eligibility.
- 3. Claimant did not respond to the Supplemental Questionnaire.

- 4. On May 10, 2014, the Department sent Claimant a Health Care Coverage Determination Notice denying her application on the basis that she failed to return the supplemental questionnaire.
- 5. On December 17, 2014, the AHR filed a request for hearing alleging that the Department failed to properly process Claimant's April 24, 2014 MA application.

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.

As a preliminary matter, it is noted that the AHR filed a request for hearing on December 17, 2014; more than 90 days after the Department sent a notice of case action to Claimant denying her application. However, the AHR alleges that the Department failed to properly process the application because it did not send any correspondence, including a notice of case action denying the application, to the AHR. Because the AHR's request for hearing concerns a failure to process and it is not tied to receipt of a written notice sent to the AHR, the 90-day timeliness issue is not applicable. See BAM 600 (April 2015), p. 6.

In this case, the AHR testified that it submitted the April 25, 2014 MA application on Claimant's behalf, listing itself as Claimant's authorized representative. The Department could not verify that the AHR was identified as Claimant's authorized representative in the application but did not present any documentation to counter the AHR's testimony despite being aware from the AHR's hearing request that it asserted that it was Claimant's authorized representative. In the absence of any evidence to the contrary, it is found that the AHR was Claimant's authorized representative regarding the application.

The authorized representative assumes all the responsibilities of a client. BAM 110 (July 2014), p. 9. Accordingly, the Department should send all correspondence concerning the client's case to the authorized representative. In this case, the Department confirmed that the April 28, 2014 Health Care Coverage Supplemental

Questionnaire and the May 10, 2014 Notice of Case Action were sent only to Claimant. Because the Department did not send the Health Care Coverage Supplemental Questionnaire and Notice of Case Action denying Claimant's MA application to the AHR, acting as authorized representative, the Department did not act in accordance with Department policy when it processed Claimant's MA case.

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 did not act in accordance with Department policy when it processed Claimant's April 25, 2014 MA application.

DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. Reregister Claimant's April 25, 2014 MA application, and any request for retroactive coverage;
- 2. Reprocess the application; and
- 3. Notify Claimant and the AHR in writing of its decision.

Alice C. Elkin

Administrative Law Judge for Nick Lyon, Interim Director Department of Human Services

Date Signed: 3/13/2015

Date Mailed: 3/13/2015

ACE / tlf

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 <u>MAY</u> 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

