

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

IN THE MATTER OF:



Reg. No.: 15-003406
Issue No.: 2003
Case No.:
Hearing Date: April 29, 2015
County: Macomb (20)

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, a telephone hearing was held on April 29, 2015, from Detroit, Michigan. testified and appeared as Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Health and Human Services (DHHS) included , hearing facilitator.

ISSUE

The issue is whether DHHS properly processed Claimant's Medical Assistance (MA) application by giving proper notices to the authorized representative (AR).

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 , Claimant applied for MA benefits.
2. Claimant's application listed an authorized representative (AR) (who is also Claimant's AHR).
3. On an unspecified date, DHHS mailed a Verification Checklist (VCL) to Claimant.
4. DHHS did not mail the VCL to Claimant's AR.
5. On an unspecified date, DHHS denied Claimant's MA benefit application based on a determination that Claimant does not meet a Medicaid category.
6. DHHS failed to send notice of the application denial to Claimant's AR.

7. On [REDACTED], Claimant's AR/AHR requested a hearing (see Exhibit A1) to dispute the failure by DHHS to process Claimant's MA benefit 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 AR/AHR requested a hearing to dispute the DHHS failure to process Claimant's MA application. Claimant's AR/AHR testified that, as far as she knew, DHHS had not taken any action on Claimant's application because the AR/AHR agency did not receive any notices from DHHS.

DHHS testimony indicated that DHHS mailed Claimant a VCL. DHHS then denied Claimant's application after verifications not returned.

For all programs, DHHS is to use the DHHS-3503, Verification Checklist to request verification. BAM 130 (July 2013), p. 3. For MA benefits, DHHS is to allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. *Id.*, p. 6. DHHS 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.

Upon certification of eligibility results, Bridges automatically notifies the client in writing of positive and negative actions by generating the appropriate notice of case action. BAM 220 (July 2013), p. 1. An adequate notice is a written notice sent to the client at the same time an action takes effect (not pended). *Id.*, p. 2. Adequate notice is given (among other circumstances) for application denials. *Id.*

DHHS testimony conceded that Claimant's MA application listed an AR. DHHS testimony also conceded that the VCL and Notice of Case Action were not sent to Claimant's AR.

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 (July 2010), p. 7. The AR assumes all the responsibilities of a client. *Id.*, p. 8.

The remedy for a DHHS failure to mail a VCL to Claimant's AR is reinstatement of Claimant's application. Accordingly, it is found that DHHS improperly processed Claimant's MA application by failing to mail Claimant's authorized application representative any notice of needed verifications (as well as notice of the application outcome).

DECISION AND ORDER

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

- (1) reinstate Claimant's MA application dated [REDACTED]; and
- (2) initiate processing of Claimant's application subject to the finding that DHHS failed to provide Claimant's AR/AHR notice of required verifications.

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



Christian Gardocki
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **4/30/2015**

Date Mailed: **4/30/2015**

CG / hw

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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

