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

IN THE MATTER OF:



Reg. No.: Issue No.: Case No.: Hearing Date: County:

15-012240 2004

September 16, 2015 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 September 16, 2015, from Detroit, Michigan. Joanna Tohme of Macomb-Oakland Regional Center testified and appeared as Claimant's authorized hearing representative. **Sector**, also of **Sector**, hearing testified on behalf of Claimant. Participants on behalf of the Michigan Department of Health and Human Services (MDHHS) included **Sector**, hearing facilitator.

ISSUE

The issue is whether MDHHS fully processed 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 September 8, 2014, Claimant applied for MA benefits, including retroactive MA benefits from July 2014.
- 2. Claimant's application listed an authorized representative (AR).
- 3. MDHHS failed to send written notice of the application process to Claimant's AR.
- 4. On July 14, 2015, Claimant's AR (also Claimant's AHR) requested a hearing to dispute the failure by MDHHS to process Claimant's application.

CONCLUSIONS OF LAW

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. MDHHS (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MDHHS policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Reference Tables Manual (RFT).

Claimant's AHR requested a hearing to dispute a MDHHS failure to process Claimant's MA application dated September 8, 2014. Claimant's AHR testified that she believed that Claimant's application was never processed because she was the AR for Claimant's application and she never received written notice of the application outcome.

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 2014), p. 8. The AR assumes all the responsibilities of a client; see BAM 105. *Id.*, p. 9. One such responsibility is to cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (1/2014), p. 7. This includes completion of necessary forms. *Id*.

A DHS-1606, Health Coverage Notice, is generated when Medicaid is approved or denied. BAM 220 (July 2014), p. 19. Noticeably absent from MDHHS policy is language mandating that a client's AR also receive notice of an application approval or denial. The failure of MDHHS policy to expressly state an obligation to mail ARs notice of an application disposition does not excuse MDHHS from mailing such notice. An AR cannot assume responsibilities of a client unless MDHHS apprises the AR of the application processing requirements and outcome. Thus, a requirement to mail written notice of the application's outcome to the application AR is inferred.

It was not disputed that MDHHS sent written notice of denial to Claimant (see Exhibits 1-3). MDHHS testimony conceded that written notice was not sent to Claimant's AR. Based on the MDHHS failure to mail Claimant's AR notice of the application disposition, it is found that MDHHS failed to fully process Claimant's application.

DECISION AND ORDER

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

- (1) re-register Claimant's MA application dated September 8, 2014, including Claimant's request for retroactive MA benefits from July 2014; and
- (2) initiate processing of Claimant's application subject to the finding that MDHHS must provide Claimant's application AR with notice of the application outcome.

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

Christin Dorlande

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

Date Signed: 9/18/2015

Date Mailed: 9/18/2015

CG/tm

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 <u>MAY</u> order a rehearing or reconsideration on its own motion. MAHS <u>MAY</u> 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.

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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:	