

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-003522  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: May 7, 2015  
County: Washtenaw

**ADMINISTRATIVE LAW JUDGE:** Vicki Armstrong

**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; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on May 7, 2015, from Lansing, Michigan. Participants on behalf of Claimant included Authorized Hearing Representative [REDACTED] of [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included Family Independence Manager [REDACTED], Family Independence Specialist [REDACTED], and Lead Child Support Specialist [REDACTED]. Assistant Attorney General [REDACTED] appeared on behalf of the Department.

**ISSUE**

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) benefit programs?

**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 November 17, 2013, [REDACTED], Claimant's Authorized Representative, filed a Medicaid application on Claimant's behalf. (Dept. Ex B, pp 6-17).
2. On November 12, 2014, Claimant's Authorized Representative filed a Request for Hearing asking the Department to process Claimant's November 17, 2013, Medicaid application. (Dept. Ex B, p 5).
3. On November 14, 2014, the Department completed an in-person interview with Claimant and mailed Claimant a Verification Checklist. (Dept. Ex A, pp 17-18).
4. A Health Care Coverage Determination was mailed to Claimant on December 2, 2014, informing her she was denied Medicaid for failing to cooperate with the Office of Child Support. (Dept. Ex A, pp 6-10).

### **CONCLUSIONS OF LAW**

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

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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Claimant's Authorized Representative submitted a Medicaid application on Claimant's behalf on November 27, 2013. Almost a year later, on November 12, 2014, the Authorized Representative filed a Hearing Request asking that the Department process the November 27, 2013, Medicaid Application.

The Department responded by conducting the in-person interview of Claimant and mailing her a Verification Checklist. During the hearing, the Department admitted that the Authorized Representative never received a copy of the Verification Checklist.

According to Departmental policy, the Authorized Hearing Representative assumes all the responsibilities of a client. BAM 110, p 9 (7/1/2014). The Authorized Representative must collect the needed verifications. BAM 110, p 9.

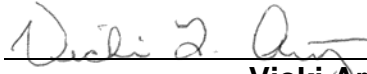
After a lengthy hearing, this Administrative Law Judge finds the Department failed to process Claimant's Medicaid application for a year until prompted by the Authorized Representative. The Department then failed to mail the Verification Checklist to the Authorized Representative as required by Departmental Policy.

### **DECISION AND ORDER**

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

THE DEPARTMENT IS ORDERED TO INITIATE 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. Redetermine Claimant's Medicaid application by mailing Claimant and Claimant's Authorized Representative a Verification Checklist and proceed in the redetermination process according to Departmental policy.

  
**Vicki Armstrong**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human  
Services

Date Signed: **5/8/2015**

Date Mailed: **5/8/2015**

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**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.

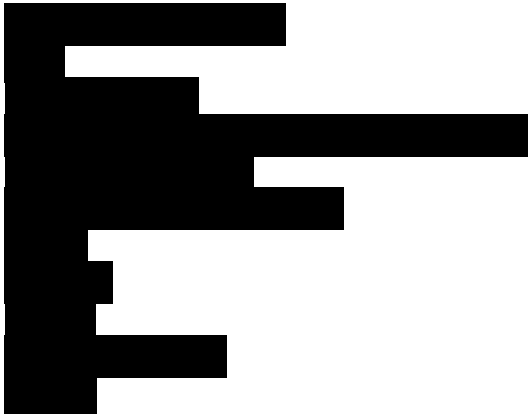
A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

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:

A large black rectangular redaction covers the recipient list for the 'cc:' field. The redaction is composed of several horizontal bars of varying lengths, all originating from a single vertical line on the left side, completely obscuring the names and email addresses of the recipients.