



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

Date Mailed: April 28, 2021  
MOAHR Docket No.: 20-008734  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Colleen Lack**

### **HEARING DECISION**

Following Petitioner'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; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on March 9, 2021. The Petitioner was represented by [REDACTED] [REDACTED] Authorized Hearing Representative (AHR). The Department of Health and Human Services (Department) was represented by Dicota Ray-Clemons, Family Independence Specialist (FIS).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-18.

### **ISSUE**

Did the Department properly deny Petitioner's [REDACTED] 2020 application for Medical Assistance (MA)?

### **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 [REDACTED] 2020, an application for MA and retroactive MA was submitted for Petitioner by an Authorized Representative (AR) with [REDACTED] (Exhibit A, pp. 10-14)
2. On September 29, 2020, a Health Care Coverage Supplemental Questionnaire was sent to Petitioner's mailing address with a due date of October 12, 2020. (Exhibit A, pp. 1 and 15-18)

3. On October 19, 2020, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied based on the failure to return the supplemental questionnaire. (Exhibit A, pp. 7-9)
4. On December 16, 2020, a hearing request was filed on Petitioner's behalf contesting the denial noting that as the AR on the application, [REDACTED] should have received the supplemental questionnaire but they did not. (Exhibit A, pp. 3-5)

### **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), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

An Authorized Representative (AR) is a person who makes application or provides eligibility information on behalf of a client. For MA purposes an authorized representative must be an adult child or stepchild, a specified relative, designated in writing by the client or court appointed. Bridges Policy Glossary (BPG), July 1, 2020, p. 7.

Clients and ARs have a responsibility to cooperate with the local office in determining initial and ongoing eligibility. This includes completion of necessary forms. BAM 105, July 1, 2020, p. 9.

In this case, an application for MA and retroactive MA was submitted for Petitioner by an AR with [REDACTED] on [REDACTED] 2020. (Exhibit A, pp. 10-14).

On September 29, 2020, a Health Care Coverage Supplemental Questionnaire was sent to Petitioner's mailing address with a due date of October 12, 2020. (Exhibit A, pp. 1 and 15-18) On October 19, 2020, a Health Care Coverage Determination Notice was issued to Petitioner stating MA was denied based on the failure to return the supplemental questionnaire. (Exhibit A, pp. 7-9)

The FIS reviewed the case record, which did not show that a copy of the September 29, 2020 Health Care Coverage Supplemental Questionnaire was also sent to Petitioner's AR. The FIS acknowledged that it should have been sent to both Petitioner and the AR. Based on this error, the FIS acknowledged that Petitioner's

██████████ 2020 application for MA should be re-processed. (FIS Testimony) Accordingly, the denial based on the failure to return the supplemental questionnaire cannot be upheld.

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 denied Petitioner's ██████████ 2020 application for MA.

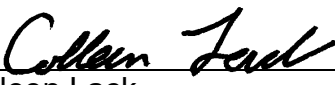
### **DECISION AND ORDER**

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. Re-determine Petitioner's eligibility for the ██████████ 2020 application for MA and retroactive MA in accordance with Department policy.
2. Issue written notice of the determination in accordance with Department policy.
3. Supplement for lost benefits (if any) that Petitioner was entitled to receive, if otherwise eligible and qualified in accordance with Department policy.

CL/ml

  
\_\_\_\_\_  
Colleen Lack  
Administrative Law Judge  
for Elizabeth Hertel, Director  
Department of Health and Human Services

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Dora Allen  
Wayne (Dist 76) County DHHS – via  
electronic mail

BSC4 -via electronic mail

C. George – via electronic mail

EQAD – via electronic mail

**Agency Representative**

[REDACTED] – via first class mail  
[REDACTED]  
[REDACTED] MI [REDACTED]

**Petitioner**

[REDACTED] – via first class mail  
[REDACTED]  
[REDACTED] MI [REDACTED]