

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS & RULES  
FOR THE DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:

DHS Req. No: 2010-145  
SOAHR Docket No. 2010-648 REHD



Claimant

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**RECONSIDERATION DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 24.287(1) and 1993 AACS R 400.919 upon the request of the Claimant.

**ISSUE**

Did the Administrative Law Judge properly determine that the department was correct in denying claimant's application for Medical Assistance based on the Claimant's failure to complete the application process?

**FINDINGS OF FACTS**

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

1. On August 31, 2009, ALJ Lawrence Hollens issued a Hearing Decision in which the ALJ upheld the Department of Human Services' (DHS) denial of the Claimant's application of March 30, 2006 for Medical Assistance.
2. On October 1, 2009, the State Office of Administrative Hearings and Rules (SOAHR) for the Department of Human Services received a Request for Rehearing/Reconsideration submitted by the claimant.
3. On November 2, 2009, SOAHR granted the claimant's request for Rehearing/Reconsideration and issued an Order for Reconsideration.
4. Findings of Fact 1-4 from the Hearing Decision, mailed on August 31, 2009, are hereby incorporated by reference in as much as they do not conflict with the following additional findings of fact.

5. On June 4, 2008, Administrative Law Judge Manager Martin Snider issue an Order which stated:

The Department of Human Services shall send [REDACTED] a DHS 330 Pending Application Notice and allow [REDACTED] ten (10) days from the date of the request to submit a completed application that contains the following:

Name of the applicant, birth date of the applicant, address of the applicant, signature of the applicant/authorized representative, and authorization of [REDACTED] to represent the Claimant. The application shall be registered on the date the Department receives this information by the Department of Human services shall not register the application before that date. IT IS FURTHER ORDERED: The Department of Human Services shall determine, in accordance with Department policy, whether the Claimant met disability standards for the month of his Medicaid application and for each Retroactive month. If the Department of Human Services determines that the Claimant was not disabled for the month of is Medicaid application or for any of the Retroactive months, the Department of Human Services, in accordance with the department policy, shall provide written notice of any denial and notice of the Claimant's right to appeal the determination.

6. On June 18, 2008 the DHS Wayne District Office #82 mailed a DHS-330 (Pending Application Notice) to Claimant's representative ([REDACTED]) requesting a completed application. The completed application was due on June 30, 2008
7. The completed application from claimant's representative was received by DHS District Office Wayne #59 on June 20, 2008.
8. On July 3, 2008, the Department denied the Medical Assistance application because of claimant's failure to return a completed application by the due date.

## **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Family Independence Agency (FIA or agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 4000.105; MSA 16.490 (15). Agency policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM), and the Program Reference Manual (PRM).

Under department policy for the Medical Assistance program, when an assistance application is received in the local office without the applicants signature or without a signed document authorizing someone to act on the applicants behalf you must do the following:

Register the application as a request if it contains a signature.

Send a DHS-723, Incomplete Application Notice, to the agency or the individual who completed the application.

Send a DHS-330, Notice of Missing Information, to the client explaining the need for a valid signature. The signature page of the application may be copied and sent to the agency or individual who filled out the application with the notice.

Allow 10 days for a response. You cannot deny an application due to incompleteness until 10 calendar days from the date of your initial request in writing to the applicant to complete the application form or supply missing information, or the initial scheduled interview.

Record the date the application or filing form with the minimum information is received. The application must be registered and disposed of on Bridges, using the receipt date as the application date. BAM 110. pp. 8-9.

Department of Human Services (DHS) administers Medicaid, AMP, and TMA-Plus under the supervision of DCH. DCH administers the MICHild and MOMS programs.

DCH has established a “no-wrong-door policy” for Medicaid, AMP and MICHild. The purpose is to expand where a person may submit an application for medical assistance to include places such as health plans and local health departments. BAM 120.

In the present case, the Department requested a completed application from Claimant. The application was to be provided by June, 20, 2009. This Administrative Law Judge

[REDACTED]  
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finds that the Claimant did provide the requested completed application by the due date. The fact that the application was sent to a different DHS District Office does not change the fact that it was provided to DHS. As cited above, there is a “no wrong door policy” for Medical Assistance applications. An application sent to a DHS District Office, though not sent to the office assigned by DHS, should be accepted for the purposes of the application process. Therefore, the ALJ’s decision upholding the Department’s denial was in error. The application should be processed in accordance with the order as outlined by the decision of ALJ Snider.

**DECISION AND ORDER**

This Administrative Law Judge, based on the above findings of fact and conclusion of law, decides that the Administrative Law Judge erred when he upheld the department’s denial of claimant’s Medical Assistance application.

**IT IS THEREFORE ORDERED:**

That the Administrative Law Judge’s decision mailed August 31, 2009 on the issue of Medical Assistance is REVERSED.

That the Department is to process claimant’s application processed in accordance with the order as outlined by decision by ALJ Snider dated June 4, 2008.

/s/  
Rhonda Craig  
Administrative Law Judge  
for Michigan Department of Human Services

cc: [REDACTED]

Date Signed: November 30, 2009  
Date Mailed: December 1, 2009

**\*\*\* NOTICE \*\*\***

The Appellant may appeal this Rehearing Decision to Circuit Court within 30 days of the mailing of this Rehearing Decision.