

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-018709
Issue No.: 2007
Case No.: [REDACTED]
Hearing Date: February 18, 2015
County: Monroe

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, an in-person hearing was held on February 18, 2015, from Monroe, Michigan. Participants included the above-named Claimant. [REDACTED] testified and appeared as Claimant's Authorized Hearing Representative (AHR). Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Hearings Facilitator.

ISSUE

The issue is whether DHS properly denied 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 [REDACTED], DHS received an electronically transmitted Assistance Application (Exhibits 16-41) requesting MA benefits for Claimant.
2. Claimant's application listed an agency as Claimant's authorized representative (AR).
3. Claimant's application was signed by an employee of the agency representing Claimant.
4. Claimant did not sign the application.
5. DHS did not mail Claimant a DHS-330.

6. On [REDACTED], DHS mailed Claimant a Health Care Coverage Supplemental Questionnaire (Exhibit 10-12) which requested various verifications from Claimant.
7. Claimant failed to respond to the questionnaire.
8. On [REDACTED], DHS mailed a Health Care Coverage Determination Notice (Exhibits 13-15) to Claimant informing Claimant of a denial of MA benefits due to Claimant's failure to return unspecified verifications.
9. On [REDACTED], Claimant's authorized representative requested a hearing to dispute the failure by DHS to process Claimant's application.

CONCLUSIONS OF LAW

The Healthy Michigan Plan is a new health care program that will be administered by the Michigan Department of Community Health, Medical Services Administration. The program will be implemented as authorized under the Affordable Care Act of 2010 as codified under 1902(a)(10)(A)(i)(VIII) of the Social Security Act and in compliance with the Michigan Public Act 107 of 2013.

Claimant's AHR requested a hearing alleging that DHS failed to process Claimant's MA application dated [REDACTED]. Claimant's AHR surmised that Claimant's application was not processed because DHS had not sent the AHR (also the application's listed AR) notice of the application's disposition.

DHS responded that Claimant's application was processed and was properly denied. It was not disputed that DHS denied Claimant's application after Claimant failed to respond to a request for verifications. Claimant's AHR contended that DHS improperly failed to mail the request for verifications and any notice of denial to their agency because they were Claimant's AR.

DHS conceded not mailing Claimant's AR the verification request or the application notice of denial. DHS contended that Claimant's failure to sign the application and the AR's failure to submit proof of representation justified not recognizing the application's listed AR. DHS policy specifically states how DHS is to proceed when an application is signed by a representative but not a client.

When an assistance application is received in the local office without the applicant's signature or without a signed document authorizing someone to act on the applicant's behalf DHS must do the following:

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

- Send a DHS-330, Notice of Missing Information, to the individual 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 until 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 (7/2014), pp. 10-11.

DHS testimony conceded that a DHS-330 was not mailed to Claimant. The DHS failure to follow their procedures when less than full AR documentation is submitted is reversible error. Mailing a VCL and notice of denial directly to Claimant does not excuse the procedural lapses. It is found that DHS improperly denied Claimant's MA application.

DECISION AND ORDER

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

- (1) register Claimant's request for MA benefits dated [REDACTED]; and
- (2) mail Claimant a DHS-330 Notice of Missing Information concerning Claimant's application signature.

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



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

Date Signed: **2/24/2015**

Date Mailed: **2/24/2015**

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 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:

