STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [redacted],

Claimant

Reg. No: 200922226
Issue No: 2006
Case No:
Load No: [redacted]
Hearing Date:
July 23, 2009
Ionia County DHS

ADMINISTRATIVE LAW JUDGE: Robert J. Chavez

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a hearing was held on July 23, 2009.

ISSUE

Was the claimant's Medicaid properly placed into closure for a failure to provide verifications at redetermination?

FINDINGS OF FACT

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

(1) Claimant was a Medicaid recipient in Ionia County.

(2) On May 4, 2006, claimant appointed [redacted], her granddaughter, as her sole agent, transferring to [redacted] her Durable Power of Attorney.

(3) Among the typical powers granted in a typical Power of Attorney agreement, [redacted] was also granted the power to represent claimant "in all matters involving the….Department of Human Services…..This includes, but is not limited to, express authorization for my Agent to serve as my Authorized Representative and Authorized Hearing Representative, as those terms are defined by the Department of Human Services."

(4) On August 31, 2006, [redacted] applied for Medicaid on behalf of the claimant, who was a patient in a nursing home.

(5) Medicaid was subsequently approved with a redetermination of eligibility due in August, 2007.

(6) This approval notice was not sent to [redacted], but instead, sent to claimant at the nursing home.

(7) DHS was supplied at the time of application with a copy of the Power of Attorney.

(8) The August, 2006 Medicaid application contained [redacted] home address.

(9) The August, 2006 Medicaid application listed [redacted] as claimant's "agent".

(10) Claimant was due for a Medicaid redetermination in August, 2007.

(11) On August 7, 2007, a DHS-3503, Verification Checklist was sent to the claimant at the nursing home.

(12) A hand-written note on this form says "copy sent to [redacted] Law office", apparently indicating that a copy was sent to this office; however, no form was ever produced showing the form was actually sent.

(13) The attorneys at [redacted] were the preparers of the claimant's power of attorney papers; however, they were not at any time the authorized representative of the claimant, and held no power to act on her behalf.

(14) Contrary to Department statements, there is no evidence that [redacted] assisted with the Medicaid application. Their name does not appear anywhere on the form, and only appears in the Power of Attorney as the preparer.

(15) [redacted] was not sent this redetermination form, nor was she sent any of the forms in the redetermination packet.

(16) [redacted] did eventually get the redetermination packet; however it is not known exactly when claimant received the packet.

(17) The redetermination packet was not returned.

(18) On December 10, 2007, claimant was sent a notice that her Medicaid would be terminated effective December 22, 2007.

(19) The notice was sent to claimant at the nursing home.

(20) [redacted] was not sent this notice, and she at no time received this notice.

(21) On December 22, 2007, claimant's Medicaid case was terminated.

(22) Claimant's nursing facility failed to bill Medicaid for services until August, 2008.

(23) As a result, [redacted] did not receive notice that something was wrong with claimant's Medicaid until August, 2008.

(24) On or around August 14, 2008, [redacted] contacted the DHS Customer Service Unit, with questions as to why claimant's Medicaid had been terminated.

(25) At this time, a MA-Retro application was filed, and claimant was authorized for Medicaid benefits beginning on May 1, 2008.

(26) This left claimant without Medicaid for roughly a 4 month period.

(27) The customer service unit requested a policy exception from DCH to restore Medicaid to the claimant for the duration of this four month period.

(28) DCH refused the policy exception, stating that the notices should have been sent to [redacted], and a policy exception was not required because DHS could correct the case without a policy exception by declaring an administrative error.

(29) DCH noted that there was established policy in PAM 110 that established authorized representative policy.

(30) On September 22, 2008, this notice was forwarded to the case manager at DHS.

(31) The case manager refused to document an administrative error, citing the fact that there was no evidence of a separate mailing address on the initial Medicaid application, that [redacted] had the redetermination papers with her when she reapplied on behalf of her grandmother, there was no indication that claimant was unable to handle her own affairs, and that there was no policy requiring notice to be sent to [redacted].

(32) On December 19, 2008, the case manager requested a policy clarification from the MA policy unit. The case manager requested clarification as to whether there was a policy that required all case notices be sent to the client's authorized representative, whether the authorized representative was a client, and whether any other policy would apply in the situation.

(33) The MA policy unit responded that there was no policy that required case actions to be sent to the client's authorized representative, the authorized representative was not a client, and no other policy would apply in this situation.

(34) The case manager proceeded to use this response as justification to deny agency error.

(35) On March 13, 2009, [redacted] requested a hearing, arguing that she did not receive proper notice of redetermination or termination as required by policy.

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 Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM) and Reference Tables (RFT).

A DHS-1171, Assistance Application must be completed when eligibility is determined and at redetermination. PAM 210. An application is considered incomplete until it contains enough information to determine eligibility. PAM 115. Eligibility is determined through a claimant's verbal and written statements; however, verification is required to establish the accuracy of a claimant's verbal and written statements. Verification must be obtained when required by policy, or when information regarding an eligibility factor is incomplete, inconsistent, or contradictory. An application that remains incomplete may be denied; a redetermination that remains incomplete may be put into case closure. PAM 130.

In the current case, the Department contends that claimant did not return any of her verifications, as required by the regulations, and therefore had her Medicaid benefits placed into closure because the Department was unable to determine eligibility during the redetermination period.

The facts of the case are generally undisputed. Claimant was a resident of a nursing facility at the time of redetermination. Redetermination papers were sent to the claimant, but not the authorized representative (AR). It is not contested that [redacted] was the claimant's AR. The redetermination packet was sent to the lawyers who had originally drafted the Durable Power of Attorney (POA) agreement, even though the lawyers were not the AR, and they had not been the AR at any point in the process. While [redacted] did receive the redetermination packet at some undetermined point, she did not return it, though she could have done so by the negative action date. However, [redacted] did not receive the negative action notice, sent in December, 2007, and the notice was not sent to the attorneys or to any other place but the nursing facility. As a result, nobody was aware that claimant's Medicaid case had closed. Claimant's nursing facility failed to bill Medicaid for 8 months after claimant's Medicaid case had closed; as a result, [redacted] did not find out until August, 2008 that her grandmother's case had been placed into closure. This delay meant that the reapplication that was filed during that month could only retroactively pay 3 months of nursing expenses; claimant still has unpaid bills from the 4 month period from January, 2008 to May, 2008 when [redacted] was unaware that her grandmother was no longer receiving Medicaid, and the nursing facility was not billing for the services.

Claimant has not argued that a failure to return a redetermination packet will result in ineligibility, nor has claimant argued that the redetermination packet was returned in a timely manner. Claimant instead argues that [redacted], as claimant's legally appointed AR, should have received all notices, and the Department was in error when it did not send the AR the redetermination packet and the notice of negative action.

The Department has continued to deny any agency error in the current case, resting its argument on three main points: A) that there is no place on the Medicaid application for alternative mailing addresses, and claimant failed to specify that [redacted] was to receive all mail, thus rendering the Department unaware that [redacted] was handling claimant's affairs; B) policy does not require that an AR be sent any redetermination or negative action notice, and thus, there was no error when the Department failed to send [redacted] the required documents, and; C) claimant did receive actual notice of the upcoming redetermination at the nursing facility, claimant's AR did eventually get the packet, and claimant received the negative action notice at the facility, which was sufficient to satisfy the notice requirements contained in policy. The Administrative Law Judge shall consider the Department's arguments in that order.

The Administrative Law Judge finds the Department's contention that they were unaware the [redacted] was the claimant's AR to be meritless. Equally without merit is the Department's argument that they were unaware of an alternative address to send notices, or that they were unaware that [redacted] was supposed to receive these notices.

At the time of initial application, the Department was provided with a copy of claimant's POA, which stated, in relevant part:

> 15. **Government Benefits**. To make application to any governmental agency for any benefit or government program to which I may be entitled; and to endorse in my name any checks or drafts made payable to me form any governmental agency for my benefit, including any social security and veteran's checks. To represent me in all matters involving the Social Security Administration and/or Department of Human Services and/or Community Mental Health and/or any other governmental or quasi-governmental agency or entity which provides support and/or services to me, or through which I may be eligible for support or services; or to hire legal counsel to represent me in such matters. This includes, but is not limited to, express authorization for my Agent to serve as my Authorized Representative and

> Authorized Hearing Representative, as those terms are defined by the Department of Human Services.

The application was also signed by [redacted], who listed her title as "agent/granddaughter", and was immediately followed by [redacted] address. The POA was signed by the claimant and specifically appointed [redacted] as her agent.

Given that the POA specifically stated that [redacted] was claimant's AR, and was specifically directed to represent claimant in all matters involving the Department, and given that the AR was the person who submitted claimant's application in the first place, listed herself as agent, and provided her address in a clearly marked place on the application, the undersigned finds that the Department could not have reasonably been unaware that [redacted] was claimant's AR. Furthermore, given the POA specifically directed the AR to handle all matters arising between claimant and the Department (which would reasonably include redeterminations), the undersigned finds that the argument that the Department was unaware that the AR was to receive all documents to be baffling at best.

[redacted] listed herself as agent. The POA directed that the agent be responsible for all matters with the Department. [redacted] provided the Department with her own address. The argument that the Department was unable to make the connection that the claimant wished all documents sent to [redacted], simply because there was not a specific place on the application for alternate mailing addresses is unreasonable and overly pedantic. A reasonable person, faced with a POA as specific as the claimant's, coupled with an application that listed the AR as an "agent", and then subsequently providing the agent's home address, would reasonably assume that the agent was to receive all correspondence. The failure of the claimant to specifically write something to the effect of "all correspondence must be sent to the AR" does not excuse the Department's failure to reach this conclusion.

Furthermore, the Department conceded that there was a lack of space on the application for the claimant to specifically note such things. However, the Department argued that this was somehow the claimant's fault, that the Department was not responsible for the content of their own application, and that the claimant must be responsible for correcting the Department's oversight.

To the contrary, if the Department wishes to argue that alternate addresses must be specifically noted on the application, but there is no such place to note such things, the fault should lie with the Department, who, presumably, has control over their own forms. If the Department fails to provide such a space, but requires such notification in order to send mail to alternate addresses, perhaps the failure is with the Department and not the claimant. The Department, in absence of such a place on a form, should instead use common sense and rely on obvious clues such as a POA, a listing of "agent", and the provision of an address to determine whether an alternate address is appropriate.

Furthermore, given that [redacted] had specifically applied on behalf of her grandmother, who was in a nursing facility, and that [redacted] had claimant's Durable POA, the undersigned has trouble understanding how this would not raise, at the very least, a large suspicion that the claimant was incapable of handling her own affairs. The undersigned would say that there was no small amount of evidence that the AR was handling all of the claimant's affairs—a continual insistence on sending notices to the nursing home, and not to the person who actually applied and holds POA is stubborn at best, negligent at worst.

The Department countered that they were not attorneys, and thus, could not be expected to understand the intricacies of agency law. The undersigned does not believe that one must be an attorney to understand exactly what the claimant was directing in the current matter: that all

correspondence should be sent to her agent. The POA was quite clear, and the application was explicit. An attempt to hide behind a veil of legal ignorance to excuse a failure to follow an obvious directive is not a reasonable position. However, the point is moot; ignorance of the law cannot excuse what clearly is a Departmental error in judgment. Should an agency be allowed to argue that they did not understand the legal ramifications of a policy to excuse a failure to follow such policy? Clearly, the answer is no, and likewise, the undersigned will not allow the Department to claim ignorance of the legal ramifications of a POA and the AR listing themselves as "agent" on an application in order to excuse the fact that the Department was unaware of [redacted] status. Thus, the Department's argument that they were unaware of the [redacted] status as AR, and were unaware of [redacted] address must fail.

This does not mean that the Department committed an agency error; only that the Department should have been aware that claimant had directed the Department to send all correspondence to [redacted]. We must still answer the question of whether policy requires that the AR be sent all redetermination and negative action notices, and whether the notices sent were sufficient to satisfy the notice requirements.

Therefore, we will now turn our attention to the Department's main point: that the regulations do not require that an AR be sent redetermination and negative action notices. After careful consideration, and an examination of all relevant policies, the Administrative Law Judge finds that the policies contained in the Program Administrative Manuals and the Program Reference Manuals require that all notices, verification requests and other notices that are normally sent to a claimant, be sent to all authorized representatives.

Before we commence a discussion of the relevant law, it should be noted that the undersigned feels that a ruling on this point is not required. The facts of the case, regardless of

whether the policies required notice to be sent to an authorized representative, would have required that notice be sent to [redacted] in particular.

As stated above, claimant's POA was very specific: claimant appointed [redacted] to "represent me in all matters involving…the Department of Human Services…not limited to….express authorization…to serve as my Authorized Representative". When the AR filled out the original Medicaid application, she listed herself as "agent", and proceeded to give the Department her specific address. The Administrative Law Judge is greatly swayed by the fact that the POA specifically stated that the AR was to represent claimant in "all matters involving…the Department of Human Services". This clause goes far beyond ordinary AR duties, which usually involve making application or providing eligibility information on behalf of the client. PRG, pg 5. With this clause, which was provided to the Department, claimant told the Department that [redacted] was to be the sole representative for all business conducted with the Department on claimant's behalf. Legally speaking, the claimant told the Department, through this clause, that they were to deal with [redacted], and not the claimant. This was further reiterated through [redacted] listing of "agent" on the application, and the provision of her address.

Therefore, regardless of what the policies specifically do or do not direct the Department to send, and to whom, the Department had been put on notice, by the claimant, through her POA, to deal with [redacted] in "all matters involving…the Department of Human Services". The Department is not free to ignore this directive, just as the Department could not ignore a directive to send mail to a different address, or change the last name of a newly married client. The Department had been put on notice that the claimant would not be able to handle her own business, and instead, should deal with [redacted]. That it ignored this directive is clear error.

However, the Department was quite adamant during the hearing that there was no policy that required the Department to send relevant information and requests for eligibility information to an authorized representative. The Administrative Law Judge feels that this point should be addressed to make a complete record of the case, and so that there will be no more similar questions in the future.

PAM 210 requires that an application be completed at redetermination, and PAM 130 specifies that verifications are required to be completed and submitted to the Department in order to verify eligibility. PAM 210 states that a redetermination packet must be sent to the client at redetermination, but is silent as to whether this definition of client should include the client's AR.

PAM 110 defines the term Authorized Representative as "a person who applies for assistance on behalf of the client and/or otherwise acts on his behalf. Furthermore, PAM 110 states that an Authorized Representative "assumes all the responsibilities of a client". Client responsibilities include cooperating with the Department, returning verification packets, and providing information to determine eligibility. PAM 105.

The undersigned, after consideration, is swayed by the fact that the policies specifically state than AR assumes all client responsibilities. If the AR has all client responsibilities, logically, it must follow that the AR should have a means of fulfilling these responsibilities, which include cooperating with the Department. In order to cooperate with the Department, the claimant or AR must first be made aware of the necessity of cooperating with the Department. This would include notification of redetermination, the provision of redetermination forms and verifications, and notifications of negative action. If the Department was not required to send these forms to an AR, then the AR would have no way of assuming client responsibilities.

PAM 105 provides more support. The section on client responsibilities is not entitled "Client Responsibilities"; it is entitled "Client or Authorized Representative Responsibilities". Clearly, the policies envisioned either the client or the AR fulfilling the duties required in order to maintain or secure benefits. If the Department were not required to send any forms or notifications to an AR, these duties would be impossible to carry out, rendering much of the system useless. AR's exist for a reason—usually to provide support or assistance to a client who is otherwise unable to assist themselves. If the policies truly did not require an AR to be notified or sent information critical to maintaining eligibility, there would be no need to even allow for AR's in the first place.

However, the manuals do require an AR to receive notice; when PAM 110 states, explicitly, that an AR assumes all client responsibilities, policy is stating, if not as clearly as it should, that an AR must be sent all notifications critical to maintaining eligibility. Otherwise, an AR could never assume those responsibilities PAM 110 places upon the AR.

The Administrative Law Judge notes that this has never been in dispute before; DHS policy has always been to send packets to authorized representatives and authorized hearing representatives. The Department has agreed to dismissals in prior cases when it failed, inadvertently, to send packets to an AR or an AHR. In the current case, the Department seemed to be well aware of its duty to send a packet to the AR; under oath, the Department testified that it sent a packet to the law offices of the lawyers who prepared claimant's POA. While these particular lawyers were not the AR, and had never been so, given that there was a POA in the case that was witnessed and prepared by the lawyers in question, the mistake would have been easy to make if the POA had been glanced at momentarily. If the Department, as it maintains, was under no duty to send notices or redetermination packets to the AR, then why did it send a

packet to the lawyers, who were mistaken for the AR? The undersigned believes that this action is evidence that the Department itself was under the belief at the time that the AR was required to receive all notifications, and suspects that this argument is not being made in good faith, brought up only after realizing mistakes were made, in an attempt to find a way to excuse an otherwise clear administrative error.

Finally, a glance at the Program Glossary, provides further evidence that the policies intend for an AR to be sent eligibility and redetermination notices.

> **AUTHORIZED REPRESENTATIVE (AR):** A person who makes application or provides eligibility information on behalf of a client. Also, in FAP, a person who accesses food assistance benefits 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. PRG, pg 5.

The glossary of terms, which defines the specific terms used in Department policy states that an AR is a person who "provides eligibility information on behalf of a client". If the AR is the person who provides eligibility information, then logically, it follows that this is the person to whom the Department must be asking this information of. Furthermore, if a negative action can be avoided by providing eligibility information, then a negative action notice should also be provided to the AR.

Therefore, by not providing these notices to the AR, the Department was in direct violation of its own policy. The Administrative Law Judge holds that policy does require all notices to be sent to an AR. Though this notice may not be entirely explicit, the meaning of the policies in PAM 110, 105 and the PRG are clear enough: an AR must assume all responsibilities of a client. In order to do this, the Department must send notices to the AR.

Thus, we must turn to our final question: Were the notices that were sent sufficient to absolve the agency of responsibility?

It is an elemental principal of administrative law that agencies are bound to follow their own regulations, especially in cases that affect the right of the claimant. *Morton v. Ruiz,* 415 U.S. 199 (1974). Having established above that policy did require the Department to send the AR all notices, it therefore follows that the Department was bound to follow this policy.

The Department contends that sufficient notice was sent; there was no evidence that the claimant was incapacitated, and it is uncontested that notices were sent to the nursing home. Furthermore, and more importantly, the AR did eventually get the redetermination packet, before the case had even been placed into negative action. Claimant did not contest this point, and the AR admitted that she had forgotten to send the redetermination packet back upon receipt.

The Administrative Law Judge shall first address whether the notices sent to the nursing facility were sufficient.

Department Exhibit 12, a documentation record completed by the case manager notes that there is no evidence that the claimant was incapacitated or unable to handle her own affairs, and has pointed to this fact to prove that the notices as sent were sufficient, even if the notices were not sent to the AR. The undersigned, after consideration, believes that the claimant's mental state at the time the notices were sent is wholly irrelevant.

Claimant specifically told the Department that [redacted] was to be her AR, and directed, through her POA, that her AR was to handle all affairs with the Department. Therefore, claimant had already directed the Department that she was not going to be handling her affairs, and felt that she was, or was going to be, incapable of doing so. Whether or not claimant was actually capable of handling them was irrelevant; she had already informed the Department, by use of a

POA that she was not going to be doing so, and all business should have been directed to the her AR. Thus, sending the notices to the claimant, when claimant had specifically instructed the Department not to do so, would constitute insufficient notice. Any notices that were sent only to the nursing facility are therefore insufficient.

However, there remains the inescapable fact that the AR did receive the redetermination packet, eventually. While it was not sent to the AR, as specifically directed, the AR still got the redetermination packet in time to submit verifications to the Department. The Administrative Law Judge admits to being troubled by this fact, and admonishes the AR for neglecting a very important duty.

That being said, the fact that the AR did receive the redetermination packet, eventually, does not absolve the agency of their error.

An agency is bound to follow its own regulations. By sending the notices only to the nursing facility and a law office which had nothing to do with the case, instead of to the AR (as directed by the claimant), the Department did not follow its own regulations. While claimant did receive the redetermination packet, this was nothing more than a happy accident, and does nothing to erase the fact that the agency was in error when it did not send them to the AR in the first place. The Department was unaware that the AR had received the packet, and the fact remains that because of this agency error, the AR could just as easily never have received the packet. Regardless of whether the AR received the packet or not, the agency committed error on the day they did not send the packet to the AR.

However, the courts have also held that while an agency is bound to follow its own regulations, decisions of administrative agencies are also reviewed for harmless error. *Heston v. Commissioner of Social Security*, 245 F.3d 528, 535 (6th Cir. 2001). While it is clear that the

Department committed error in the current case, when it failed to send the redetermination packet, did that error unfairly impact the rights of the claimant?

The Administrative Law Judge must answer that question in the negative. By the AR's own testimony, she received the redetermination packet well before the negative action notice was sent, and failed to return it. At hearing, the AR admitted that she had forgotten to fill out the packet, and the undersigned estimates that she had the packet for at least 2 months before the negative action notice was finally sent in December, 2007. It is true that the Department was in error when it failed to send the AR the redetermination packet; however, this error was harmless, as the AR did get the packet, and got the packet with plenty of time left to submit the required information. She failed to do so, and thus, failed in her duties as an AR. The Department was thus correct when it placed the claimant's case into negative action and began termination procedures.

However, we cannot end our analysis at this point; there remains one small, but rather important fact: the Department did not simply fail in this case to send the AR the redetermination packet. The Department also failed to send the AR the negative action notice. The former, while an administrative error, was ultimately harmless. The latter was most assuredly not.

The Department admitted that the negative action notice was sent to the claimant only at the nursing facility on December 10, 2007. On December 22, 2007, the claimant's Medicaid was terminated. Had the AR provided the verifications in this time period, the Medicaid termination could have been prevented.

Having established that an AR is entitled to receive all notices, and given that the claimant had specifically directed the Department to send notices to the AR, the AR should have been sent the negative action notice. She was not. This was an error. Had the AR received the

notice, the AR could have prevented the closure by providing the Department with all of the verifications required to maintain eligibility. Furthermore, circumstances in the current case caused further harm to the claimant.

Claimant's nursing home did not bill Medicaid for almost 8 months following the termination. Because of this, claimant's AR did not find out about the closure until the nursing home attempted to bill Medicaid in August, 2008. Had claimant's AR received the notice in December, 2007, even if the AR was unable to prevent the closure, the claimant still could have reapplied, with retroactive coverage, immediately after the case had been closed and there would have been no loss of benefits. While the nursing facility does share some of the blame for this problem with its failure to bill Medicaid, the ultimate problem started when the Department did not send the negative action notice to the AR. This was error, and the claimant was ultimately harmed by the error.

Therefore, for the above reasons, the Administrative Law Judge holds that the regulations contained in the Program Administrative Manual require that an AR receive copies of all notices; that even if the regulations did not require such a finding, the claimant's POA in the current case served as notification to the Department to send all correspondence to the AR; that the Department therefore failed to send sufficient notice to the claimant, as required by the Program Administrative Manual, and; that the Department's failure to do so constituted an error that materially harmed the claimant.

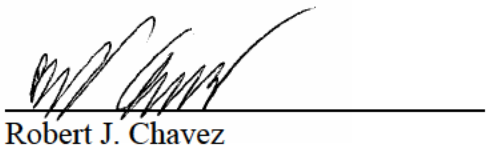
For those reasons that Administrative Law Judge determines that there was an administrative error in the current case, and that the Department was incorrect when it terminated claimant's Medicaid.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department was required to send proper notifications, including the redetermination packet and the negative action notice, to the claimant's Authorized Representative. Thus, the Department's decision to place claimant's Medicaid case into closure in December, 2007 was incorrect.

Accordingly, the Department's decision in the above stated matter is, hereby, REVERSED.

The Department is ORDERED to restore Medicaid benefits to the claimant retroactive to the date of case closure, December 22, 2007. As claimant's Authorized Representative has already resubmitted an approved retroactive Medicaid application in August 2008 that restored coverage to May 1, 2008, the claimant shall not be required to resubmit a redetermination packet.



Robert J. Chavez
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 11/05/09

Date Mailed: 11/05/09

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

2009-22226/RJC

RJC

cc: [redacted]