

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: 2009-32228
Issue No: 2024, 3025
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
September 9, 2009
Saginaw County DHS

ADMINISTRATIVE LAW JUDGE: Suzanne L. Keegstra

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 telephone hearing was held on September 9, 2009. The claimant was represented by his attorney, [REDACTED]. The claimant personally appeared and provided testimony.

ISSUE

Did the department properly terminate the claimant's Medical Assistance (MA) and Food Assistance Program (FAP) benefits for failure to return the required redetermination materials in May, 2009?

FINDINGS OF FACT

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

1. The claimant's FAP and MA case came due for a redetermination during the month of May, 2009. (Department Exhibit 5, 6).

2. The claimant was mailed a Redetermination form (DHS-1010) and redetermination materials on April 16, 2009, which scheduled an in-person appointment for the claimant on May 5, 2009. The packet was mailed to the claimant's last known address of [REDACTED]. The packet was returned to sender as attempted, not known on May 28, 2009. (Department Exhibit 1, 5, 6).

3. The claimant did not attend the in-person appointment. A notice of Missed Interview (DHS-254) was mailed to the claimant at the same address on May 5, 2009, informing him that he had until May 29, 2009, to reschedule his FAP interview. This form was also returned to sender on May 18, 2009. (Department Exhibit 3, 4).

4. The claimant's MA benefits closed on May 19, 2009 and his FAP benefits closed on May 31, 2009.

5. The claimant submitted a hearing request on July 23, 2009.

CONCLUSIONS OF LAW

The Food Assistance Program (FAP) (formerly known as the Food Stamp (FS) program) is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the FAP program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3001-3015. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

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).

Department policy states:

Responsibility to Report Changes

All Programs

This section applies to all groups **except** most FAP groups with earnings.

Clients must report changes in circumstances that potentially affect eligibility or benefit amount. Changes must be reported **within 10 days**:

- . after the client is aware of them, or
- . the start date of employment. PAM, Item 105, p. 7.

Income reporting requirements are limited to the following:

- . Earned income
 - .. Starting or stopping employment
 - .. Changing employers
 - .. Change in rate of pay
 - .. Change in work hours of more than 5 hours per week that is expected to continue for more than one month
- . Unearned income
 - .. Starting or stopping a source of unearned income
 - .. Change in gross monthly income of more than \$50 since the last reported change. PAM, Item 105, p. 7.

See PAM 220 for processing reported changes.

Other reporting requirements include, but are **not** limited to, changes in:

- . Persons in the home
- . Marital status
- . Address and shelter cost changes that result from the move

- . Vehicles
- . Assets
- . Child support expenses paid
- . Health or hospital coverage and premiums
- . Day care needs or providers. PAM, Item 105, pp. 7-8.

CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES

Responsibility to Cooperate

All Programs

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. PAM, Item 105, p. 5.

Refusal to Cooperate Penalties

All Programs

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. PAM, Item 105, p. 5.

Verifications

All Programs

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See PAM 130 and PEM 702. PAM, Item 105, p. 8.

Assisting the Client

All Programs

The local office must assist clients who ask for help in completing forms (including the DCH-0733-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English. PAM, Item 105, p. 9.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. PAM, Item 130, p. 1.

Obtaining Verification

All Programs

Tell the client what verification is required, how to obtain it, and the due date (see “**Timeliness Standards**” in this item). Use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. PAM, Item 130, p. 2.

The client must obtain required verification, but you must assist if they need and request help. PAM, Item 130, p. 2.

Timeliness Standards

All Programs (except TMAP)

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. If the client cannot provide the verification despite a reasonable effort, extend the time limit at least once. PAM, Item 130, p. 4.

Send a negative action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed and the client has not made a reasonable effort to provide it. PAM, Item 130, p. 4.

MA Only

Send a negative action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed. PAM, Item 130, p. 4.

Department policy requires all clients to cooperate in providing the department with all information necessary to determine initial or ongoing eligibility. BAM 105. This would include returning redetermination forms and verifications. The claimant testified that he did not return the redetermination form and the verifications because he never received the mail from the department. This is verified by the department testimony and exhibits that show the redetermination packet and Notice of Case Action were returned to sender.

Department policy requires the claimant to provide notification of any changes, such as residence or mailing address, within ten days. BAM 105. The claimant testified that he thought the department was using his mailing address as a post office box that he had. However, the department provided a Change Report that was completed by the claimant on May 27, 2008 and received by the department on May 29, 2008, that showed the form was mailed to the claimant at the [REDACTED]. The claimant did not make any changes on this form to indicate the department should use a post office box as his mailing address. Further, the department representative testified that he looked through the file since May, 2008 (when this form was turned in) and found no change of address via a change report, telephone call or any other means.

Therefore, it does not appear that the claimant ever provided the department with the information on any new post office box or residence. The department can not be held responsible for sending the materials to the claimant's old address if the claimant does not change his address as required by policy. Therefore, this Administrative Law Judge finds that the department did properly close the claimant's MA and FAP case for failure to return required redetermination materials.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department properly terminated the claimant's FIP and MA benefits because the claimant did not return the required verifications for his redetermination.

Accordingly, the department's actions are UPHeld. SO ORDERED.

/s/

Suzanne L. Keegstra
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: November 15, 2009

Date Mailed: November 10, 2009

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.

SLK [REDACTED]

cc: [REDACTED]