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

IN THE MATTER OF:



Reg. No: 2010-44797 Issue No: 2006, 3008 Case No:

Load No:

Hearing Date: August 24, 2010

St. Clair County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

HEARING DECISION

This matter is before the undersigned Admini strative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notic e, a telephone hearing was held on August 24, 2010. Claimant personally appeared and testified.

ISSUE

Did the Department of Human Services (the department) properly cancel claimant's Food Assistance Program and Medical Ass istance case based upon its' determination that claimant failed to provide verification information in a timely manner?

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 Food Assistance Program (FAP) and Medical Assistance (MA) benefits recipient.
- (2) On June 24, 2010, the eligibility specialist sent claimant a verification checklist requesting proof of income . The information was due to the department July 6, 2010.
- (3) No information was provided by July 6, 2010.
- (4) On July 7, 2010, the d epartment caseworker sent claimant notice t hat the Medical Assistance and Food Assist ance Program cases would be cancelled for failure to return required information.

(5) On July 13, 2010, claimant filed a request for a hearing to contest the department's negative action.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is estab lished by Title XIX of the Social Sec urity 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 Administ rative Manual (BAM), the Program Eligibility Manual (BEM) and the Program Reference Manual (PRM).

The Food Assistanc e Program (FAP) (formerly known as the Food Stamp (FS) program) is establis hed by the Food St amp 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 (BAM), the Program Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Cooperation, Verification, and Eligibility Determination (Rev. 01-01-08)

DEPARTMENT POLICY

All Programs

Clients have rights and responsibilities as specified in this item.

The local office must do **all** of the following:

- . Determine eligibility.
- Calculate the level of benefits.
- . Protect client rights. BAM, Item 105, p. 1.

CLIENT OR AUT HORIZED RE PRESENTATIVE RESPONSIBILITIES

Responsibility to Cooperate

All Programs

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

Client Cooperation

The client is responsible fo r providing evidence needed to prove disability or blindness. However, you must assist the client when they need your help to obtain it. Such help includes the following:

- Scheduling medical exam appointments
- . Paying for medical evidence and medical transportation
- See BAM 815 and 825 for deta ils. BEM, Item 260, p.
 4.

A client who refuses or fails to submit to an exam necessary to determine disabilit y or blindness **cannot** be deter mined disabled or blind and you may deny or close the case. BEM, Item 260, p. 4.

All Programs

Clients must completely and truthfully ans wer all questions on forms and in interviews. BAM, Item 105, p. 5.

The client might be unable to answer a question about himself or another person whose circumstances must be known. Allow the client at least 10 days (or other timeframe specified in policy) to obtain the needed information. BAM, Item 105, p. 5.

FAP Only

Do **not** deny eligibilit y due to failure to cooperate with a verification request by a person **outside** the group. In applying this policy, a person is considered a group member if residing with the group and is disqualified. BAM, Item 105, p. 5.

Refusal to Cooperate Penalties

All Programs

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

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. BAM, 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 repor ted change. BAM, Item 105, p. 7.

See BAM 220 for processing reported changes.

Other reporting require ments 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. BAM, Item 105, pp. 7-8.

For TLFA onl y, the client must report to the specialist any month the work requirement is not fulfilled.

Explain reporting requirements to all clien ts at application, redetermination and when discussing changes in circumstances. BAM, 105, p. 8.

Verifications

All Programs

Clients must take actions with in their ability to obtain verifications. DHS staff must assist when necessary. See BAM 130 and BEM 702. BAM, Item 105, p. 8.

LOCAL OFFICE RESPONSIBILITIES

All Programs

Ensure client rights described in this item are honored and that client responsibilities are explained in understandable terms. Clients are to be treated with dignit y and respect by all DHS employees. BAM, Item 105, p. 8.

VERIFICATION AND COLLATERAL CONTACTS

DEPARTMENT POLICY

All Programs

Verification means documentation or other evidence to establish the accuracy of the client's v erbal or written statements.

Obtain verification when:

- . required by policy. BEM it ems specify which factors and under what circumstances verification is required.
- . required as a loc al office option. The requirement **must** be applied the same for every client. Local

requirements may **not** be imposed for MA, TMA-Plus or AMP without prior approval from central office.

information regarding an eligib lility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party. BAM, Item 130, p. 1.

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

Verification is **not** required:

- . when the client is clearly ineligible, or
- . for excluded income and assets **unless** needed to establish the exclusion. BAM, 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, Verifica tion Check list, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. BAM, Item 130, p. 2.

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

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If **no** evidence is available, use your best judgment.

Exception: Alien inf ormation, blindness, disability, incapacity, incapability to dec lare one's residence and, for FIP only, pregnancy must be ve rified. Citizens hip and identity must be verified for clients claiming U.S. citizenship for applicants and recipients of FIP, SDA and MA. BAM, Item 130, p. 3.

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 can<u>not</u> provide t he verific ation des pite a reasonable effort, extend the time limit at least once. BAM, Item 130, p. 4.

Send a negative action notice when:

- the client indicates refusal to provide a verification,
 or
- the time period given has elaps ed and the client has <u>not</u> made a reasonable effort to provide it. BAM, 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. BAM, Item 130, p. 4.

In the inst ant case, the department casewo rker requested proof of income which was due July 6, 2010. The proof of income was not provided to the department and the claimant did not contact the department and request an extension of time to provide that information. Therefore, the department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it cancelled claimant's Medical Assistance and Food Assistance Program benefits based upon its' determination that claimant failed to provide verification information in a timely manner.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it cancelled claimant's Medical Assistance and Food Assistance benefits based upon this determination that claimant did not provide verification information in a timely manner.

Accordingly, the department's decision is AFFIRMED.

Landis

Y. Lain

Administrative Law Judge

for Ismael Ahmed, Director

Department of Human Services

Date Signed: October 11, 2010

Date Mailed: October 12, 2010

NOTICE: Administrative Hearings may or der 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 Hear ings will not orde rarehearing or reconsideration on the Department's moiton 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 ti mely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

LYL/alc

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