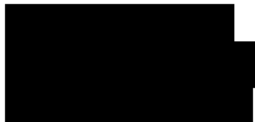


STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 201047441  
Issue No: 2001; 2006  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
November 23, 2010  
Wayne County DHS

**ADMINISTRATIVE LAW JUDGE:** Vicki L. Armstrong

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on May 19, 2010. After due notice, a telephone hearing was held on November 23, 2010. Claimant personally appeared and provided testimony.

**ISSUE**

Did the department properly terminate Claimant's Adult Medical Program (AMP) benefits for failure to return the required redetermination materials in March, 2010?

**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's AMP benefits case came due for a redetermination during the month of February, 2010. (ALJ Exhibit 1).
2. Claimant was mailed a Redetermination packet on February 9, 2010. The redetermination packet was to be completed, signed, dated, and returned to the department by March 1, 2010. (ALJ Exhibit 1).
3. Claimant did not return the Redetermination packet, and the department closed Claimant's AMP case at the end of the redetermination period. (ALJ Exhibit 1).
4. Claimant requested a hearing on May 19, 2010, protesting the closing of his AMP case. (Request for a Hearing).

## **CONCLUSIONS OF LAW**

The Adult Medical Program (AMP) is established by Title XXI of the Social Security Act; (1115)(a)(1) of the Social Security Act, and is administered by the Department of Human Services (DHS or department) pursuant to MCL 400.10, *et seq.* Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Department policy states:

### **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. BAM, 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. BAM, Item 105, p. 5.

#### **Verifications**

##### **All Programs**

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See BAM 130 and BEM 702. BAM, 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. BAM, Item 105, p. 9.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. 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, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. BAM, Item 130, p. 2.

The client must obtain required verification, but you must assist if they need and request help. BAM, 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. 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 elapsed and the client has not made a reasonable effort to provide it. BAM, Item 130, p. 4.

## **SCHEDULING**

### **All TOA**

Bridges generates a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due, see RFS 103. Bridges sends a DHS-2063B, Continuing Your Food Assistance Benefits, to FAP clients for whom FIP, SDA, MA, AMP, and/or TMAP are not active. The packet is sent to the mailing address in Bridges. The packet is sent to the physical address when there is no mailing address. The

packet is also sent to the MA Authorized Representative on file.

Redetermination/review forms may include:

- DHS-574, Redetermination Telephone Interview (FAP).
- DHS-1010, Redetermination (all TOA).
- DHS-1045, Simplified Six-Month Review (FAP).
- DHS-1046, Semi-Annual Contact Report (FAP).
- DHS-1171, Assistance Application (all TOA).
- DHS-2240-A, Mid-Certification Contact Notice (MA and FAP).
- DHS-2063-B, Continuing Your Food Assistance Benefits (FAP).
- DHS-4574, Medicaid Application for Long-Term Care.
- DCH-0373-D, MI Child and Healthy Kids Application.

The packet includes the following as determined by the TOA to be redetermined:

- Redetermination/review form indicated above.
- Notice of review as determined by policy.
- Interview date.
- Interview type.
- Place and time.
- Required verifications.
- Due date.
- Return envelope. BAM, Item 210, pages 4-5.

## **INTERVIEW REQUIREMENTS**

### **All TOA**

Interview requirements are determined by the type of assistance that is being redetermined. BAM, Item 210, pages 3-4.

### **In-Person**

#### **MA, Adult Medical Program (AMP), and TMP**

Do not require an in-person interview as a condition of eligibility. BAM, Item 210, p. 4.

The claimant is required to comply with the department in providing the verification materials necessary to allow the department to determine initial or ongoing eligibility. BAM 105. In this case, Claimant failed to return his Redetermination packet. Department policy indicates that a complete redetermination is necessary at least every 12 months. BAM 210. AMP benefits stop at the end of the benefit period unless a redetermination is completed and a new benefit period is established. BAM 210.

Department policy indicates that failure to provide proof of eligibility will result in penalties. BAM 105, BAM 130. Because Claimant failed to return his redetermination packet, the department could not determine Claimant's continued eligibility for the AMP program and closed Claimant's AMP benefit program.

Claimant testified that he did not receive the redetermination materials for his annual review of AMP benefits. Claimant verified the department mailed the redetermination packet to the correct address. The department did not have any information in Claimant's file indicating that the redetermination packet was returned as undeliverable. The proper addressing and mailing of a letter creates a legal presumption of receipt which may be rebutted by evidence. *Stacey v Stankovich*, 19 Mich 688, 173 NW2d 225 (1969). Claimant failed to provide credible, material, and substantial evidence to rebut the presumption of receipt.

The department representative testified that during an off the record discussion, Claimant had decided he would reapply for AMP benefits at the close of the hearing. The department explained that the AMP program had been reinstated as of October 1, 2010; Claimant's application would be processed; and Claimant would be eligible for the reinstatement of AMP benefits once he submitted the required verifications. Claimant agreed that this was his understanding of their discussion and he would be submitting the required application and verifications at the close of the hearing.

In this case, Claimant failed to return his redetermination packet. Because of Claimant's failure to return the redetermination packet, the department properly closed his AMP benefits case.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department properly terminated Claimant's AMP benefits for failure to return the necessary redeterminations.

Accordingly, the department's actions are UPHeld.

SO ORDERED.

/S/ \_\_\_\_\_  
Vicki L. Armstrong  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: December 6, 2010

Date Mailed: December 7, 2010

**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 receipt 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.

VLA/om

cc:

