

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

IN THE MATTER OF:

[REDACTED]

Reg. No:

[REDACTED]

ADMINISTRATIVE LAW JUDGE: [REDACTED]

**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 [REDACTED] personally appeared and provided testimony.

**ISSUE**

Did the department properly deny Claimant's Adult Medical Program (AMP) application for failure to return the required redetermination materials?

**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 applied AMP benefits on [REDACTED]. (Hearing Summary).
2. Claimant was mailed a Verification Checklist on [REDACTED], requesting proof of self employment income, with a due date of [REDACTED]. (Department Exhibit 10).
3. The department mailed Claimant a Notice of Case Action on [REDACTED] [REDACTED] (Department Exhibits 5-6).
4. Claimant requested a hearing on [REDACTED], protesting the denial of his AMP application. (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 Bridges Reference Manual (BRM).

Department policy states Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM, Item 105, p. 5. 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.

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.

The department tells 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. The client must obtain required verification, but the department must assist if they need and request help. BAM, Item 130, p. 2.

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. The department sends 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.

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 type of assistance 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 are determined by the type of assistance that is being redetermined. BAM, Item 210, pages 3-4. For MA, Adult Medical Program (AMP), and TMP, an in-person interview is not required as a condition of eligibility. BAM, Item 210, p. 4.

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.

[REDACTED] to the department on December 12 or December 13, 2010. Claimant stated that he received the documents back on December 16, 2010 from the post office with a stamp of return to sender for insufficient address. Claimant used the enclosed envelope provided by the department to return the verifications, and provided a copy of the envelope with the date stamp during the hearing. The Administrative Law Judge finds based upon the competent, material and substantial evidence that the verifications were timely mailed by Claimant to the department, based on the date stamp on the envelope when it was returned to Claimant.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department SHALL redetermine Claimant's AMP benefits.

Accordingly, the department's actions are REVERSED.

It is SO ORDERED.

*/s/* \_\_\_\_\_  
[Redacted Signature]

Date Signed: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

**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.

[Redacted]