## STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

## ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 20114009

Issue No: Case No:

Load No: 1600000000

Hearing Date: November 30, 2010 Cheboygan County DHS

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

#### **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 November 30, 2010. The claimant personally appeared and provided testimony.

#### **ISSUES**

- 1) Whether the Department of Human Services (Department) properly determined the Claimant's Medical Assistance (MA) eligibility?
- 2) Did the department properly deny Claimant's FAP application based on a failure to verify monthly income?

### FINDINGS OF FACT

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

- 1. On September 28, 2010, Claimant applied for Family Assistance Program (FAP) and Adult Medical Program (AMP) benefits.
- On October 7, 2010, the department provided Claimant with a verification checklist, requesting verification of income for Loss of Employment in the form of either employment records, an employer statement or a DHS 38 Verification of Employment by October 18, 2010. (Department Exhibit #3).

- 3. Claimant submitted one paystub for the month of September and did not submit the requested verification that she had been laid off from her employer.
- 4. On October 19, 2010, the department denied Claimant's request for FAP benefits for failure to submit the requested verification and the request for AMP was denied due to the freeze in AMP enrollments.
- 5. On October 25, 2010, the department received Claimant's hearing request, protesting the denial of FAP and MA benefits.

### **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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

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).

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 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. 10.

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. 2-3.

The client must obtain required verification, but you must assist if they need and request help. 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 <u>cannot</u> provide the verification despite a reasonable effort, extend the time limit at least once. BAM, Item 130, p. 5.

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. 5.

Claimant initially told the department that she had been laid off from her employer. Claimant submitted her Unemployment Income Verification as proof that she was laid off. Because the Unemployment Income Verification does not indicate if Claimant was receiving the unemployment as a supplement for reduced hours, or as income to replace a lost job, the department did not accept the Unemployment Income Verification as proof of her lay off. Claimant was then given a Verification Checklist which instructed her to bring in verification from her employer that she was laid off. Claimant admits she received the Verification Checklist but stated that she had a lot going on during that time with drug court and did not understand what was needed. Claimant went on to state that she was not really laid off, but on call. Claimant could have had her employer complete a Verification of Employment (DHS-38) form. The Verification Checklist specifically lists options the claimant could have submitted to provide the employment information to the department. This Administrative Law Judge finds that Claimant did not make a reasonable effort to provide verification of her income.

Claimant also applied for MA benefits under the AMP category. Enrollment in AMP was currently frozen to new enrollments when the Claimant submitted her application. Applications received during the freeze on AMP enrollments must be registered and denied using "applicant did not meet other eligibility requirements" as the denial reason. BEM 640.

#### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department properly denied Claimant's FAP benefits for failure to turn in the requested verifications. Furthermore, in accord with policy, the department properly denied Claimant's AMP benefits due to the freeze on AMP enrollments.

SO ORDERED.

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Vicki 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 60 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.

