

STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No: 2011-38789

Issue No: 2001; 2006

[REDACTED]

Genesee County DHS (Dist 5)

**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 31, 2011. After due notice, a telephone hearing was held on July 20, 2011. Claimant personally appeared and provided testimony.

**ISSUE**

Did the department properly close Claimant's Adult Medical Program (AMP) benefits 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's AMP benefits case came due for Redetermination during the month of May, 2011. (Hearing Summary).
2. Claimant was mailed a Redetermination packet on April 13, 2011. The Redetermination packet was to be completed, signed, dated, and returned to the department by May 2, 2011. (Department Exhibits 5-8).
3. A Notice of Case Action was mailed to Claimant on May 20, 2011, informing Claimant his Adult Medical Program (AMP) would be closed effective June 1, 2011, because he failed to return the redetermination packet. (Department Exhibits 3-4).
4. Claimant requested a hearing on May 31, 2011, protesting the closing of his AMP case. (Request for a Hearing).

## **CONCLUSIONS OF LAW**

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness. BAM 600.

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 Reference Tables Manual (RFT).

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.

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.

In this case, Claimant failed to return his Redetermination packet. Claimant was required to comply with the department in providing the verification materials necessary to allow the department to determine initial or ongoing eligibility. BAM 105. 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 had been homeless and had been bouncing from place to place. Claimant stated a friend had recently allowed him to use his address as a mailing address and when he submitted a change of address with the US Postal Service, he received the Notice of Hearing. Claimant admitted he had not notified the department of his living situation until this hearing and because of his living situation, had not received the redetermination packet.

Based on the material and substantial evidence provided during the hearing, the Administrative Law Judge finds that Claimant did not timely return the Redetermination packet to the department as required. Therefore, 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 closed Claimant's AMP benefits for failure to return the necessary redeterminations.

Accordingly, the department's actions are UPHHELD.

It is SO ORDERED.

/s/

\_\_\_\_\_  
Vicki L. Armstrong  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: \_\_7/20/11\_\_\_\_\_

Date Mailed: \_\_7/20/11\_\_\_\_\_

**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/ds

