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

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	Reg. No.: Issue No.: Case No.:	201260845 2006
	Hearing Date: County:	September 25, 2012 Oakland (04)
ADMINISTRATIVE LAW JUDGE: Alice C. I	Elkin	
HEARING	DECISION	
This matter is before the undersigned Admir and MCL 400.37 following Claimant's rectelephone hearing was held on Septer Participants on behalf of Claimant included Department of Human Services (Departr Specialist.	quest for a hearing. mber 25, 2012, from d Claimant. Pa <u>rticipa</u>	After due notice, a Detroit, Michigan.
<u>ISS</u>	<u>UE</u>	
Due to a failure to comply with the verit properly ☐ deny Claimant's application ☒ o benefits for:		
☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)?		ogram (AMP)? Assistance (SDA)? ent and Care (CDC)?
<u>FINDINGS</u>	OF FACT	
The Administrative Law Judge, based upo evidence on the whole record, including test		
 Claimant ☐ applied for ☒ was receiving ☐CDC. 	: □FIP □FAP ⊠MA	□AMP □SDA
3. On May 15, 2012, the Department sent Notice and application (DHS-0034) for he		Kids Redetermination

4.	Claimant was required to submit the completed redetermination by June 1, 2012.
5.	On July 1, 2012, the Department denied Claimant's application closed Claimant's son's MA case reduced Claimant's benefits for failure to submit a completed redetermination in a timely manner.
6.	On June 18, 2012, the Department sent notice of the denial of Claimant's application. Closure of Claimant's son's MA case. reduction of Claimant's benefits.
7.	On June 25, 2012, Claimant filed a hearing request, protesting the ☐ denial. ☐ closure. ☐ reduction.
	CONCLUSIONS OF LAW
	epartment policies are found in the Bridges Administrative Manual (BAM), the Bridges gibility Manual (BEM) and the Reference Tables Manual (RFT).
Re 42 Ag thr	The Family Independence Program (FIP) was established pursuant to the Personal esponsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, USC 601, et seq. The Department (formerly known as the Family Independence lency) administers FIP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 400.3101 ough Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program ective October 1, 1996.
pro im Re Ag	The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) ogram] is established by the Food Stamp Act of 1977, as amended, and is plemented by the federal regulations contained in Title 7 of the Code of Federal egulations (CFR). The Department (formerly known as the Family Independence lency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 0.3001 through Rule 400.3015.
Se Th	The Medical Assistance (MA) program is established by the Title XIX of the Social curity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). e Department (formerly known as the Family Independence Agency) administers the A program pursuant to MCL 400.10, et seq., and MCL 400.105.
□ ad	The Adult Medical Program (AMP) is established by 42 USC 1315, and is ministered by the Department pursuant to MCL 400.10, et seq.
	The State Disability Assistance (SDA) program which provides financial assistance disabled persons is established by 2004 PA 344. The Department (formerly known

as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, et seq., and 2000 AACS, Rule 400.3151 through Rule 400.3180.
☐ The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, the Child Care and Development Block Grant of 1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.
Additionally, the Department requires recipients of state benefits to complete redeterminations at least once every twelve months. BAM 210 (May 1, 2012), p 1 Medical assistance benefits stop at the end of the benefit period unless a redetermination is completed and a new benefit period is certified. BAM 210, p 2.
On May 15, 2012, the Department sent Claimant a Healthy Kids Redetermination Notice and application to determine her son's continued MA eligibility. The Notice was sent in the Department's regular course of business to Claimant at the address she verified at the hearing. Claimant was required to complete and sign the application and and return it, with requested proofs, it to the Department by June 1, 2012. When the Department did not receive a completed document, it sent Claimant a June 18, 2012, Notice of Case Action, informing her that her son's MA coverage would close effective July 1, 2012 based on her failure to return the redetermination form to allow the Department to assess her son's continued eligibility for assistance.
At the hearing, Claimant denied receiving the redetermination form. Claimant credibly testified that her mailbox was at the end of a dirt road, together with group of her neighbors' mailboxes and she and her mother (who lived with her) became aware that they sometimes did not receive their mail. Claimant credibly testified that she was aware of the redetermination process and her requirement to complete the forms and she would have completed the forms if she had received them. Based on Claimant's credible testimony that she did not receive the redetermination form, the Department did not act in accordance with Department policy when it closed her son's MA case for failure to return the completed redetermination form.
Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department ☐ properly ☐ improperly
☐ closed Claimant's son's MA case.☐ denied Claimant's application.☐ reduced Claimant's benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department \square did act properly. \square did not act properly.
Accordingly, the Department's decision is \square AFFIRMED \boxtimes REVERSED for the reasons stated on the record.
☑ THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. Reinstate Claimant's son's MA case effective July 1, 2012;
- 2. Send Claimant a Healthy Kids Redetermination Notice and application;
- 3. Begin reprocessing the redetermination in accordance with Department policy;
- 4. Provide Claimant's son with MA coverage he was eligible to receive but did not from July 1, 2012, ongoing; and
- 5. Notify Claimant in writing of its decision in accordance with Department policy.

Alice C. Elkin

Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: 10/4/2012

Date Mailed: 10/4/2012

NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the receipt date of this Decision and Order. MAHS 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. (60 days for FAP cases)

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:

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• the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

ACE/hw

