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

	TIL	A A	TTC	\mathbf{n}	~ E.
IN	ΙН	MΑ	TTE	ĸ	JF:

	Reg. No.: Issue No.:	2012-8398 1021; 2018; 3019
	Case No.: Hearing Date: County:	December 15, 2011 Wayne (15)
	•	, , ,
ADMINISTRATIVE LAW JUDGE: Alice C. Elkin		
HEARING DEC	ISION	
This matter is before the undersigned Administ ra and MCL 400.37 following Claim ant's request telephone hearing was held on December Participants on behalf of Claimant inclu ded C Department of Human Servic es (Depar tme Independence Manager.	for a hearing. Afte 15, 2011, from Do Claim ant. Part <u>icip</u>	r due notice, a etroit, Michigan.
<u>ISSUE</u>		
Due to a failure to comply with the ve rificati properly deny Claimant's application close benefits for:		did the Department ☑ reduce Claimant's
☐ Family Independence Program (FIP)?☐ Food Assistance Program (FAP)?☐ Medical Assistance (MA)?	_	assistance (SDA)? ent and Care (CDC)?
FINDINGS OF	<u>FACT</u>	
The Administrative Law Judge, based upon the evidence on the whole record, including testimon	•	-
1. Cla imant ☐ applied for ⊠ was receiving: ⊠	FIP ⊠FAP ⊠MA	□SDA □CDC.
2. Cla imant ⊠ was □ was not provided with a l	Redetermination fo	rm (DHS-1010).

3.	Claimant was requir ed to submit the completed fo rm and provide the requested verifications by October 5, 2011, and participate in an interview on October 5, 2011.
4.	On November 1, 2011, the Department denied Claimant's application closed Claimant's case reduced Claimant's benefits for failure to submit the completed redetermination form in a timely manner.
5.	On October 20, 2011, the Department sent notice of the denial of Claimant's application. Closure of Claimant's case. reduction of Claimant's benefits.
6.	On November 3, 2011, 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 W ork Opportunity Reconc iliation Act of 1996, Public Law 104-193, USC 601, et seq. The Department (formerly k nown as the Family Independence ency) 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 Assistanc e Program (FAP) [fo rmerly known as the Food Sta mp (FS) ogram] is establis hed 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 Independenc e ency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 0.3001 through Rule 400.3015.
Se Th	The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ial curity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). e Department (formerly known as the F amily Independence Agency) administers the A program pursuant to MCL 400.10, et seq., and MCL 400.105.
as	The State Disability Assistance (SDA) progr am which provides financial as sistance disabled persons is established by 20 04 PA 344. The Depar tment (formerly known the F amily Independence Agency) admini sters the SDA program pursuant to M CL 0.10, 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 Soc ial 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 adult and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.

Additionally, the Department must periodically redetermine an individual's continued eligibility for benefits. BAM 220. The Department testified that it sent Claimant a redetermination form (DHS 1010) on September 14, 2011, in connection with her FIP, FAP and MA benefits that required her to (i) participate in an interview on October 5, 2011, and (ii) complete the redetermination form and provide the requested proofs by October 5, 2011.

Claimant contended that she received two envelopes from the Department on the same day, one containing a notice of her interview date and the other empty. Claimant testified that she called the Department multiple times to change the interview date because she had to appear in court on an eviction notice but no one ever responded to her calls. She testified that she also called the Department in Lansing to try to determine what was supposed to be in the empty envelope. She admitted that she subsequently received the Notice of Missed Interview. She denied ever receiving any form that she needed to complete and deliver to the Department.

The standard DHS-1010 cons ists of severa I pages, with the first page scheduling any required interview and the second, third, and fourth pages consisting of a form that the client must complete, providing the request ed information, and sign. RFF 1010. The Department credibly testified that the entire form is sent to the client from central printing in a single mailing. Because Claimant did admit receiving notice of her interview, separate from the notice of missed interview she subsequently received, it follows that she received all four pages of the Redetermination form, DHS-1010.

Furthermore, even if Claimant only received the first page of the DHS-1010, she should have been aware that, in addition to an interview, additional information was requested from her. The first page of DHS-1010 lists the appointment date and appointment time. Following this information on the standard form are six bulleted points, with the second, third and fourth bullets stating as follows:

- What Steps Should You Take? You must complete, sign, and date this form, and return it with all proofs by bringing it with you to your appoint ment, returning by mail or bringing it to DHS by the due dat e listed above. Please make sure your name is on all proofs. Healthy Kids Medicaid DOES NOT require proofs.
- What Happens If You Do Not Return the Completed Form and Requir ed Proofs by the Due Date? If you do NOT return this form and all of the required proofs by the due date, your benefits may be canc elled or reduced. If you do not understand this form and need help completing it, contact your specialist before the due date.

• Complete this form to verify the accuracy of our records and report changes f or active programs. Cross out incorrect information and write the correct information in the space provided. If you need additional space, use Client Comments Section on page 4.

Read toget her, the bulleted items clearly indicate that there was additional materia. I included with the interview notice that needed to be completed, signed, and sent back to the Department by the due date and that failure to do so could result in a loss of benefits. Because Claimant te stified that she received notice of the interview separate from the subsequent notice of missed interview, she should have been aware that there was additional material that she needed to complete and submit to the Department. Thus, the Department acted in accordance with Department policy when it closed he r FIP, FAP and MA cases for failure to timely return the completed redetermination.

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 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 ☑ did act properly. ☐ did not act properly.
Accordingly, the Depar $$ tment's decision is $$ $$ $$ AFFIRMED $$ $$ $$ REVERSED for the reasons stated above and on the record.

Alice C. Elkin
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: December 20, 2011

Date Mailed: December 20, 2011

NOTICE: Michigan Administrative Hearing Syst em (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of

the receipt date of this Dec ision and Orde r. MAHS will not or der a rehearing or reconsideration on the Department's mo tion where the final decis ion 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 ti mely 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:
 - 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

Re consideration/Rehearing Request P. O. Box 30639
Lansing, Michigan 48909-07322

ACE/cl

