

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 20125533
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: November 21, 2011
County: Oakland (02)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on November 21, 2011, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of Department of Human Services (Department) included [REDACTED], Assistant Payment Supervisor, and [REDACTED] Eligibility Specialist.

ISSUE

Due to a failure to comply with the verification requirements, did the Department properly deny Claimant's application close Claimant's case reduce Claimant's benefits for:

- | | |
|---|--|
| <input type="checkbox"/> Family Independence Program (FIP)? | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> Child Development and Care (CDC)? |
| <input type="checkbox"/> Medical Assistance (MA)? | <input checked="" type="checkbox"/> Adult Medical Program (AMP)? |

FINDINGS OF FACT

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

1. Claimant applied for was receiving: FIP FAP MA SDA CDC
AMP.

2. Claimant was was not provided with a Verification Checklist (DHS-3503).
3. Claimant was required to submit requested verification by September 1, 2011.
4. On October 1, 2010, the Department
 denied Claimant's application
 closed Claimant's case
 reduced Claimant's benefits
for failure to submit verification in a timely manner.
5. On September 19, 2011, the Department sent notice of the
 denial of Claimant's application.
 closure of Claimant's case.
 reduction of Claimant's benefits.
6. On October 3, 2011, Claimant filed a hearing request, protesting the
 denial. closure. reduction.

CONCLUSIONS OF LAW

Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

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 (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3001 through Rule 400.3015.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

The State Disability Assistance (SDA) program which provides financial assistance for 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 AAC, 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.

The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq.*

Additionally, the Department requires recipients of state benefits to complete redeterminations at least once every twelve months. BAM 210. 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. Clients receiving AMP benefits are not required to participate in an in-person interview as a condition of eligibility. BAM 220.

The Department sent Claimant a Redetermination form in connection with his AMP coverage on August 16, 2011. Claimant was required to complete the form, sign it, and return it to the Department by September 1, 2011. When the Department did not receive a completed form, it sent Claimant a September 19, 2011, Notice of Case Action, informing him that his AMP coverage would close effective October 1, 2011, based on his failure to return the redetermination form to allow the Department to assess his continued eligibility for assistance.

At the hearing, Claimant acknowledged that he had received the form. However, because the form indicated that no appointment date or time was required, he testified that he was unsure whether he was required to complete it. The four page Redetermination form (DHS 1010) listed on its first page that Claimant was receiving the notice to review his eligibility for Medicaid. The next line stated a September 1, 2011, due date and listed "none required" under the appointment date and appointment time. Following this information were 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 appointment, returning by mail or bringing it to DHS by the due date listed above. Please make sure your name is on all proofs. Health Kids Medicaid DOES NOT require proofs.
- **What Happens If You Do Not Return the Completed Form and Required 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 cancelled 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 for 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.**

Additionally, the Redetermination form provides three pages of questions and blocks for inserting information and a signature line on page 4.

Read together, the bulleted items clearly indicate that the form needed to be completed and signed and sent back to the Department by the due date and that failure to do so could result in a loss of benefits. Claimant testified that he read the bulleted points, but, rather than complete the form, he attempted without success to contact the Department several times after he received the August 16, 2011, form to address his concerns. Because the instructions on the Redetermination required the completion and timely submission of the completed, signed form, and Claimant failed to do so, the Department acted in accordance with Department policy when it closed his AMP case 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 Department's decision is AFFIRMED REVERSED for the reasons stated above and 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.



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

Date Signed: December 8, 2011

Date Mailed: December 8, 2011

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 **MAY** 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
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

ACE/ctl

cc: [REDACTED]
Oakland County DHS (02)

A. [REDACTED] Elkin
File