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

IN THE MATTER OF:			
	Reg. No.: Issue Nos.: Case No.: Hearing Date: County:	2013-15017 2018,4003 April 29, 2013 Wayne (82-17)	
ADMINISTRATIVE LAW JUDGE: Zainab Baydo	oun		
HEARING DEC	ISION		
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 Monday, April 29, 2013, from Detroit, Michigan. Claimant and her appeared and testified. Participants on behalf of the Department of Human Services (Department) included			
<u>ISSUE</u>			
Did the Department properly 🖂 deny Claimant' for:	s application 🗌 cl	ose Claimant's case	
Family Independence Program (FIP)? Food Assistance Program (FAP)? Medical Assistance (MA)?	Adult Medical As State Disability A Child Developme		
FINDINGS OF	<u>FACT</u>		
The Administrative Law Judge, based on the evidence on the whole record, finds as material for		rial, and substantial	
Claimant ⊠ applied for benefits □ received I	penefits for:		
☐ Family Independence Program (FIP). ☐ Food Assistance Program (FAP). ☐ Medical Assistance (MA).	State Disability A	ssistance (AMP). Assistance (SDA). ent and Care (CDC).	

2.	On October 23, 2012, the Department denied Claimant's application closed Claimant's case due to Claimant's failure to return documentation for the Department to complete a disability determination.
3.	On October 23, 2012, the Department sent Claimant Claimant's Authorized Representative (AR) notice of the denial. Closure.
4.	On November 5, 2012, Claimant filed a hearing request, protesting the ⊠ denial of the application. ☐ closure of the case.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

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 of Human Services (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 of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, *et seq.*, and Mich Admin Code, Rule 400.3151 through Rule 400.3180.

Additionally, verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (May 2012), p. 1. To request verification of information, the Department sends a Verification Checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, pp. 2-3. Clients are given 10 calendar days (unless otherwise specified by policy) to provide the verifications requested by the Department. Verifications are considered to be timely if received by the date they are due. BAM 130, p. 5. The Department sends a negative action notice when the client indicates a 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 130, p. 5.

In this case, Claimant submitted an application for MA and SDA benefits on October 1, 2012. On October 1, 2012, the Department sent Claimant a VCL requesting verification of her checking account information, medical records and forms relating to her alleged disability, verification of home rent and verification of her residential address. Exhibit 1. Claimant was required to respond to the VCL by October 11, 2012, and provide the

Department with the verifications requested in order for the Department to properly process her application and make a disability determination. Exhibit 1. The Department testified that on October 12, 2012, it received checking account information and verification of home rent from Claimant. Claimant testified that on October 11, 2012, she submitted her checking account information and verification of her home rent; however, Claimant further testified that there was some confusion as to where she believed she was supposed to return the disability documentation. Claimant stated that she may have sent the requested disability paperwork to the Social Security Administration, rather than to the Department. Because Claimant did not provide the Department with the requested disability verifications by October 11, 2012, Claimant's applications for MA and SDA were denied. On October 23, 2012, the Department sent Claimant a Notice of Case Action informing her of the denial based on a failure to return documentation to allow the Department to make a disability determination. Exhibit 2.

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 denied Claimant's applications improperly denied Claimant's application properly closed Claimant's case improperly closed Claimant's case for: \square AMP \square FIP \square FAP \boxtimes MA \boxtimes SDA \square CDC. **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 not act properly. did act properly. Accordingly, the Department's AMP FIP FAP MA SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record. Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: May 14, 2013

Date Mailed: May 15, 2013

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 mailing 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 <u>MAY</u> 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 affect the substantial rights of the claimant:
 - 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

ZB/pf

