

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

IN THE MATTER OF:

██████████
████████████████████
████████████████████

Reg. No.: 2013-16448
Issue No.: 2006
Case No.: ██████████
Hearing Date: May 1, 2013
County: Wayne (19)

ADMINISTRATIVE LAW JUDGE: Jan Leventer

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 May 1, 2013, from Detroit, Michigan. Participants on behalf of Claimant included her daughter and Authorized Representative, ██████████. The Claimant did not appear. Participants on behalf of the Department of Human Services (Department) included ██████████ Eligibility Specialist.

On May 21, 2013, the case was reassigned to Administrative Law Judge Jan Leventer for preparation of a decision and order.

ISSUE

Did the Department properly deny Claimant's application close Claimant's case for:

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

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Claimant applied for benefits received benefits for:

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

2. On January 1, 2013, the Department
 denied Claimant's application closed Claimant's case
due to a determination that Claimant failed to verify her current income and assets.
3. On November 19, 2012, the Department sent
 Claimant Claimant's Authorized Representative (AR)
notice of the denial. closure.
4. On November 30, 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 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.

Additionally, the following findings of fact and conclusions of law are entered in this case.

On September 11, 2012, the Department sent Claimant a Redetermination requesting current income and assets. The Claimant did not respond. Dept. Exh. 1.

On November 19, 2012, the Department sent Claimant a Notice of Case Action advising her that her MA benefits would be terminated effective January 1, 2013. Dept. Exh. 2.

On November 30, 2012, the Claimant filed a Request for a Hearing, stating,

All papers and information was (sic) given to Hope Healthcare Center. They promised to fill out forms and send everything to you. I heard nothing from you or Hope until today when I received this letter. Request for a Hearing, November 30, 2012.

On December 4, 2012, the Department received Claimant's completed Redetermination form. Dept. Exh. 4.

Bridges Administrative Manual (BAM) 105, "Rights and Responsibilities," requires the Department to determine eligibility, provide benefits and protect client rights. The client for her or his part must cooperate with all requests for information necessary to

determine eligibility and benefits. In this case it is found and determined that the Department failed to protect Claimant's right to MA benefits. Department of Human Services Bridges Administrative Manual (BAM) 105 (2013).

In this case the Department received Claimant's Redetermination papers on December 4, 2012. Dept. Exh. 4. This is only five days after Claimant received the Notice of Case Action and filed her Hearing Request. Dept. Exh. 2; Request for a Hearing, November 30, 2012.

Having received the Redetermination form, the Department in this case failed to review and act on this document. While it is perfectly true that Claimant missed the October 1, 2012, deadline for submitting the Redetermination, she did respond immediately to the Notice of Case Action by filing her Hearing Request on the same day she received the form as a part of the Notice of Case Action. Further, only five days later, the Department received the Redetermination that was needed. *Id.*

Bridges Administrative Manual (BAM) 600, "Hearings," states in the first section, "Department Policy," in bold print, that

Efforts to clarify and resolve the client's concerns must start when the hearing request is received and continue through the day of the hearing. Department of Human Services Bridges Administrative Manual (BAM) 600 (2013), p. 1 (bold print in original).

Having considered all of the evidence as a whole in this case, it is found and determined that the Department violated the requirements of BAM 105 and BAM 600. By failing to process the Claimant's Redetermination of December 4, 2012, the Department failed to make efforts to clarify and resolve Claimant's complaint. As a result, the Department failed to protect Claimant's right to MA benefits. The Department acted incorrectly in this case and shall be reversed.

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

improperly denied Claimant's application properly closed Claimant's case
 improperly closed Claimant's case

for: AMP FIP FAP MA SDA 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 act properly. did not act properly.

Accordingly, the Department's AMP FIP FAP MA SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reinstate Claimant's MA benefits, and process Claimant's Redetermination information in accordance with procedure and policy.
2. Provide retroactive and ongoing MA benefits to Claimant at the benefit level to which she is entitled.
3. All steps shall be taken in accordance with Department policy and procedure.



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

Date Signed: June 10, 2013

Date Mailed: June 10, 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 **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 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

2013-16448/JL

JL/cl

cc:

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