

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2013-16480  
Issue No.: 2006  
Case No.: [REDACTED]  
Hearing Date: May 1, 2013  
County: Wayne (17)

**ADMINISTRATIVE LAW JUDGE:** Susan C. Burke

**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 hearing was held on May 1, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and Claimant's Authorized Hearing Representative, [REDACTED], of [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED] ES.

**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 checked="" type="checkbox"/> Medical Assistance (MA)? |                                                             |

**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.
2. IMN was Claimant's Authorized Representative at the time of application.
3. The Department issued a verification checklist (VCL) to Claimant, but did not provide a copy to his Authorized Representative prior to the due date for the verifications.

4. On September 10, 2012, the Department  
 denied Claimant's application.  
 closed Claimant's case.  
 reduced Claimant's benefits .
  
5. On September 10, 2012, the Department sent notice of the  
 denial of Claimant's application.  
 closure of Claimant's case.  
 reduction of Claimant's benefits.
  
6. On December 5, 2012, Claimant filed a hearing request, protesting the  
 denial of claimant's application.  
 closure of Claimant's case.  
 reduction of Claimant's benefits.

### **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 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.

In the present case, the Department denied Claimant's MA application because it alleged Claimant failed to verify or allow the Department to verify necessary information. The Department issued a VCL to Claimant, but did not send a copy of the VCL prior to the due date to Claimant's Authorized Representative, who, per BAM 110, p. 7, assumes all the responsibilities of a client. Since the Authorized Representative was not given the VCL in a timely manner, the Authorized Representative could not return the requested verifications in a timely manner. The Department was therefore not correct in denying Claimant's MA application due to failing to verify or allowing the Department to verify necessary information.

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.

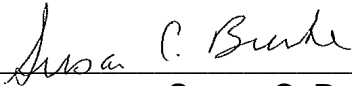
**DECISION AND ORDER**

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 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. Initiate reinstatement and reprocessing of Claimant's MA application of July 31, 2012.
2. Notify Claimant and Claimant's Authorized Representative in writing of the Department's determination with regard to Claimant's eligibility for MA.

  
\_\_\_\_\_  
**Susan C. Burke**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: May 7, 2013

Date Mailed: May 7, 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.

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.

2013-16480/SCB

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

SCB/tm

cc:

