

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No: 201327928  
Issue No: 2006; 3008  
Case No: [REDACTED]  
Hearing Date: March 5, 2013  
Oakland County DHS #3

**ADMINISTRATIVE LAW JUDGE:** Suzanne L. Morris

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on March 5, 2013. The claimant appeared and provided testimony, along with her daughter and representative [REDACTED]. The department witness was [REDACTED].

**ISSUE**

Did the department properly close the claimant's Food Assistance Program (FAP) case and denied the Medical Assistance (MA) and Medicare Cost Share program due to failure to receive verifications?

**FINDINGS OF FACT**

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

1. The claimant was receiving FAP benefits when she submitted a new application for MA and Medicare Cost Share program on November 2, 2012.
2. On January 7, 2013, the department mailed the claimant a Verification Checklist (DHS-3503), requiring the claimant to submit medical bills, an award letter for RSDI and a current checking account statement to the department by January 17, 2013.
3. The department mailed the claimant a Notice of Case Action (DHS-1605) on January 19, 2013, which closed their FAP and denied the MA and Medicaid Cost Share program.
4. The claimant submitted a hearing request on January 31, 2013.

## **CONCLUSIONS OF LAW**

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 of Human Services (DHS or department) administers the FAP program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3001-3015. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Bridges Reference Manual (RFT).

The Medical Assistance (MA) program is established by 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 (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Bridges Reference Manual (RFT).

Department policy states:

### **CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES**

#### **Responsibility to Cooperate**

##### **All Programs**

**Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. BAM 105.**

#### **Refusal to Cooperate Penalties**

##### **All Programs**

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105.

#### **Verifications**

##### **All Programs**

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See BAM 130 and BEM 702. BAM 105.

#### **Assisting the Client**

##### **All Programs**

The local office must assist clients who ask for help in completing forms (including the DCH-0733-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English. BAM 105.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Obtain verification when:

- Required by policy. BEM items specify which factors and under what circumstances verification is required.
- Required as a local office option. The requirement **must** be applied the same for every client. Local requirements may **not** be imposed for MA, TMA-Plus or AMP.
- Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130.

## **Obtaining Verification**

### **All Programs**

Tell the client what verification is required, how to obtain it, and the due date; see **Timeliness of Verifications** in this item. Use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. BAM 130.

The client must obtain required verification, but you must assist if they need and request help.

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If **no** evidence is available, use your best judgment. BAM 130.

### **Timeliness of Verifications**

#### **FIP, SDA, CDC, FAP**

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. BAM 130.

**Exception:** For CDC only, if the client cannot provide the verification despite a reasonable effort, extend the time limit at least once.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of business hours through the drop box or by delivery of a DHS representative are considered to be received the next business day.

Send a negative action notice when:

- . the client indicates 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.

**Note:** For FAP only, if the client contacts the department prior to the due date requesting an extension or assistance in obtaining verifications, you must assist them with the verifications but do not grant an extension. Explain to the client they will not be given an extension and their case will be denied once the VCL due date is passed. Also, explain their eligibility will be determined based on their compliance date if they return required verifications. Re-register the application if the client complies within 60 days of the application date; see BAM 115, Subsequent Processing. BAM 130.

### **MA and AMP**

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification you request. Refer to policy in this item for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to three times. BAM 130.

In this case, the department mailed the claimant a Verification Checklist (DHS-3503) on January 7, 2012, requiring the claimant to submit medical bills, an award letter for RSDI and a current checking account statement to the department by January 17, 2013. The department representative testified that this information was not received by the claimant, so on January 19, 2013, the Medicare Savings Program and MA application was denied and the claimant's ongoing FAP benefits were closed.

The claimant's representative, [REDACTED], also her daughter, testified that she was sure she had faxed that information into the department. The claimant's representative was given the opportunity to fax this Administrative Law Judge the faxed information, along with the fax confirmation sheet to show that the proper information had, indeed, been faxed. This Administrative Law Judge did receive a fax from the representative showing a 13 page fax had been sent to the Oakland County DHS (department) on January 17 AT 11:47. The confirmation shows the fax result was OK, thus confirming all 13 pages went through. The 13 pages contain a DHS-49G; a DHS-49F; a medical bill from Health Alliance Plan of Michigan; a Social Security benefit award notice showing a benefit amount of \$ [REDACTED] and a checking account statement from [REDACTED]. This covers each of the items the department requested in their Verification Checklist. Thus, it is apparent that the claimant did submit the required information by the due date, as evidenced by the fax confirmation sheet.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department improperly closed the claimant's Food Assistance Program (FAP) case and denied the Medical Assistance (MA) and Medicare Cost Share program due to failure to receive verifications.

Accordingly, the department's actions are **REVERSED**. The department shall:

1. Reinstatement the claimant's FAP benefits back to the date of closure and issue any retroactive FAP benefits the claimant is entitled to receive.
2. Process the claimant's MA and MSP application, noting the verifications were received timely.

SO ORDERED.

/s/ \_\_\_\_\_  
Suzanne L. Morris  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: March 14, 2013

Date Mailed: March 14, 2013

**NOTICE:** Administrative Hearings 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. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 60 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.

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

SLM/cr

cc:

