

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013377159
Issue No.: 2006, 4006
Case No.: [REDACTED]
Hearing Date: July 3, 2013
County: Wayne County (#18)

ADMINISTRATIVE LAW JUDGE: MICHELLE HOWIE

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's March 22, 2013 request for a hearing. After due notice, a telephone hearing was conducted on Wednesday July 3, 2013, from Detroit, Michigan. The Claimant appeared and testified. Participant on behalf of Department of Human Services (Department) was [REDACTED] (Eligibility Specialist).

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 checked="" 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 checked="" type="checkbox"/> State Disability Assistance (SDA). |
| <input checked="" type="checkbox"/> Medical Assistance (MA). | <input type="checkbox"/> Child Development and Care (CDC). |

2. On, March 1, 2013 the Department
 denied Claimant's application closed Claimant's case
due to alleged failure to appeal SSI application denial.
3. On February 4, 2013, the Department sent
 Claimant Claimant's Authorized Representative (AR)
notice of the denial. closure.
4. On March 22, 2013, Claimant filed a hearing request, protesting the
 denial of the application closure of the case.

CONCLUSIONS OF LAW

The Department of Human Services (DHS) 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.

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 2000 AACR, R 400.3151 through Rule 400.3180.

Additionally, clients who receive State Disability Assistance (SDA) who meet potential eligibility for Social Security Income (SSI) or have a Medical Review Team (MRT) decision that indicates they meet the criteria for MA based on blindness or disability are required to pursue SSI benefits, BEM 271(June 2012), p. 1. Failure to comply as required results in ineligibility for SDA benefits. For MA purposes refusal of a client to pursue a potential benefit results in the person's ineligibility.

In determining initial and ongoing program eligibility Claimant's must cooperate with the local office to include the completion and submitting of the necessary forms. The Department has the responsibility of telling the client what verification is required, how to obtain it, and the due date. BAM 130 (May 2012), p. 1. Clients are allowed 10 calendar days (or other time limit specified in policy) to provide requested verification. BAM 130, p. 5. A negative action notice is sent when the client indicates a refusal to provide the verification or the time period provided has lapsed and the client has not made a reasonable effort to provide the verifications.

In this case, Claimant was receiving SDA and MA benefits based on disability. On January 9, 2013, the Department sent Claimant a verification checklist requesting proof of his appeal with Social Security due by January 22, 2013. On February 4, 2013, the Department sent Claimant notice of case action that his case would close effective March 1, 2013, for failing to appeal his denial with Social Security. Claimant did not submit the requested verification nor request an extension by the due date. Subsequent to case closure, the Department learned on March 15, 2013 that Claimant was in the hospital from January 26, 2012 through January 10, 2013 and January 27, 2013 through March 15, 2013, as the reason he did not timely respond. He re-applied for benefits on March 15, 2013. The Claimant was subsequently approved for Social Security benefits on April 1, 2013, and the Department reinstated the MA benefits.

Based on the record, the Department established it acted in accordance with Department policy when it closed Claimant's MA and SDA case effective March 1, 2013, based on the failure to timely submit the requested verifications. Accordingly, the Department's action is UPHeld.

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 when it closed Claimant's MA and SDA case.

Accordingly, the Department's AMP FIP FAP MA SDA CDC decision is hereby, **AFFIRMED**.

M. Howie

Michelle Howie
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: 7/18/2013

Date Mailed: 7/18/2013

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 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

MH/hw

cc:

