



2. On April 1, 2013, the Department  
 denied Claimant's application     closed Claimant's case  
due to a determination that he failed to return the required Redetermination  
application form..
3. On March 18, 2013, the Department sent  
 Claimant     Claimant's Authorized Representative (AR)  
notice of the     denial.     closure.
4. On March 25, 2013, 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 November 13, 2012, the Department sent Claimant a Redetermination application form requesting current income and other information. Dept. Exh. 1, pp. 5-8. The Claimant does not know whether he received the form or not.

The Claimant never returned the Redetermination form. As a result, the Department terminated Claimant's MA benefits. *Id.*, pp. 10-11.

The Department policy that applies in this case is Bridges Administrative Manual (BAM) 105, "Rights and Responsibilities." BAM 105 requires the Department to do three things: determine eligibility, provide benefits and protect client rights. For the client's part, BAM 105 requires that the client cooperate fully with all requests for necessary information. Department of Human Services Bridges Administrative Manual (BAM) 105 (2013).

In this case, the Claimant's testimony is that he may have received the Department's letter but he cannot say for sure whether he did or not. It is found and determined that the Claimant's failure to review his personal mail resulted in a failure to cooperate fully with the Department as required by BAM 105.

Without the necessary information from the client, the Department cannot determine eligibility, provide benefits and protect client rights. That is what happened in this case, and it resulted in the termination of Claimant's MA benefits. It is found and determined

that the Department acted correctly in terminating Claimant's benefits, as the Department received no information from the client on which to base those benefits. The Department is affirmed.

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 application     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.



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

Date Signed: July 23, 2013

Date Mailed: July 24, 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

JL/tm

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]