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

#### IN THE MATTER OF:



Reg. No.: Issue No.: Case No.: Hearing Date: County:

2013-35971 2006; 4003

August 8, 2013 Washtenaw

# ADMINISTRATIVE LAW JUDGE: Susanne E. Harris

# **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 August 8, 2013, from Lansing, Michigan. Participants on behalf of Claimant included Participants on behalf of Department of Human Services (Department) included Eligibility Specialist, and Assistance Payments Supervisor,

# ISSUE

Did the Department properly  $\boxtimes$  deny Claimant's application  $\square$  close Claimant's case for:

Medical Assistance (MA)?

Family Independence Program (FIP)? Food Assistance Program (FAP)?

Adult Medical Assistance (AMP)?

State Disability Assistance (SDA)?

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:



Family Independence Program (FIP). Food Assistance Program (FAP). Medical Assistance (MA).

- Adult Medical Assistance (AMP). 🔀 State Disability Assistance (SDA).
- Child Development and Care (CDC).
- 2. On March 13, 2013, the Department denied Claimant's application closed Claimant's case due to his failure to submit the required verifications.

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- On March 13, 2013, the Department sent
  Claimant ☐ Claimant's Authorized Representative (AR) notice of the ☐ denial. ☐ closure.
- 4. On March 18, 2013, Claimant filed a hearing request, protesting the  $\square$  denial of the application.  $\square$  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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and 1999 AC, R 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

☐ 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 (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1999 AC, R 400.3001 through Rule 400.3015.

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 Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq*.

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 AACS, R 400.3151 through Rule 400.3180.

☐ The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, the Child Care and Development Block Grant of 1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, R 400.5001 through Rule 400.5015.

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The uncontested facts in this case are that the Claimant did not return the required verification and the Claimant did receive the DHS-1605, Notice of Case Action. The Claimant's witness testified that the Claimant had problems with his mail and that sometimes other residents nearby would take the Claimant's mail. At the time the DHS-3503, Verification Checklist, medical forms, DHS-170, Appointment Notice and DHS-1605, Notice of Case Action were mailed to the Claimant, his address remained 610 Washtenaw Rd, Ypsilanti, MI 48197. The proper mailing and addressing of a letter creates a presumption of receipt. That presumption may be rebutted by evidence. *Stacey v Sankovich*, 19 Mich App 638 (1969); *Good v Detroit Automobile Inter-Insurance Exchange*, 67 Mich App 270 (1976). The evidence in this case is insufficient to rebut the presumption that the Claimant received all forms sent to him by the Department, particularly as he did get the DHS-1605, Notice of Case Action from which he returned his hearing request.

Bridges Assistance Manual (BAM) 130 (2012) p. 2, provides that the Department worker tell the Claimant what verification is required, how to obtain it and the due date by using either a DHS-3503 Verification Checklist, or for MA determinations, the DHS-1175, MA Determination Notice to request verification. Bridges Assistance Manual (BAM) 130 (2012) p. 5, provides that verifications are considered to be timely if received by the date they are due. It instructs Department workers to send a negative action notice when the client indicates a refusal to provide a verification, or when the time period given has elapsed and the client has not made a reasonable effort to provide it. In this case, the Administrative Law Judge determines that the time period to submit the verification. As such, the Administrative Law Judge concludes that the Department has met its burden of establishing that it was acting in accordance with policy when taking action to deny the Claimant's application for failure to submit the required verification.

Based upon the above Findings of Fact a	nd 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:
	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  $\square$  did act properly.  $\square$  did not act properly.

Accordingly, the Department's  $\square$  AMP  $\square$  FIP  $\square$  FAP  $\boxtimes$  MA  $\boxtimes$  SDA  $\square$  CDC decision is  $\boxtimes$  AFFIRMED  $\square$  REVERSED.

<u>/s/</u>

Susanne E. Harris Administrative Law Judge For Maura Corrigan, Director Department of Human Services

Date Signed: <u>8/9/13</u> Date Mailed: <u>8/12/13</u> **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 <u>MAY</u> 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

# SEH/tb

