

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 2013-66370  
Issue No.: 2006  
Case No.: ██████████  
Hearing Date: October 28, 2013  
County: Oakland (02)

**ADMINISTRATIVE LAW JUDGE:** Zainab Baydoun

**HEARING DECISION**

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on October 28, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist.

**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"/> Adult Medical Program (AMP)?       |
| <input type="checkbox"/> Food Assistance Program (FAP)?                | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)?<br>(CDC)? | <input type="checkbox"/> Child Development and Care         |

**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 ☒ received:  
☐ FIP ☐ FAP ☒ MA ☐ AMP ☐ SDA ☐ CDC  
benefits.

2. Claimant was required to submit requested verification by June 10, 2013.
3. On July 1, 2013, the Department
  - ☐ denied Claimant's application.
  - ☒ closed Claimant's case.
  - ☐ reduced Claimant's benefits.
4. On June 13, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On August 23, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

☒ The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

Additionally, the Department must periodically redetermine an individual's eligibility for active programs. The redetermination process includes a thorough review of all eligibility factors. BAM 210 (July 2013), p 1. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (July 2013), p.1. To request verification of information, the Department sends a Verification Checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, pp. 3. MA clients are given 10 calendar days to provide the verifications requested by the Department. Verifications are considered to be timely if received by the date they are due. BAM 130, pp. 5-6. For MA cases, the Department sends a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, p. 7.

In this case, the Department testified that in connection with a redetermination, Claimant's eligibility to receive MA benefits was reviewed. (Exhibit 1, pp. 1-2). The Department stated that on May 30, 2013, it sent Claimant a VCL requesting that verification of his earned income, pay stubs, loss of employment information and bank account information be submitted by June 10, 2013. (Exhibit 1, pp.3-4). The Department testified that because it did not receive the requested verifications by the due date, on June 13, 2013, it sent Claimant a Notice of Case Action, informing him that his MA cases would be closed effective July 1, 2013. (Exhibit 1, pp.9-10). BAM 130, pp.5-7.

The Department further stated that it received a phone call from Claimant after his case had closed and informed Claimant that it had not received the requested verifications, which is why his case closed. The Department informed Claimant that he could reapply for MA at that time.

At the hearing, Claimant confirmed that he received the VCL and stated that in response, he mailed the requested verifications to the Department prior to the due date listed on the VCL. Claimant further stated that he submitted the requested pay stubs again after receiving the Notice of Case Action which had a comment indicating that the Department had not received proof of his monthly earnings. Claimant testified that he made several attempts to contact his case worker after receiving the Notice of Case Action informing him of the case closure; however, he was unable to reach her until after his case had already closed.

Despite Claimant's testimony that he submitted the requested verifications to the Department, he was unable to recall on which day they were submitted and did not present any post office receipt or copies of what he mailed in support of his testimony.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any finds that the Department

☒ acted in accordance with Department policy when it closed Claimant's MA case effective July 1, 2013, based on a failure to verify requested information.

### **DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.



**Zainab Baydoun**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: October 30, 2013

Date Mailed: October 30, 2013

**NOTICE OF APPEAL:** 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

ZB/tm

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]