

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

**IN THE MATTER OF:**

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██████████████████████████████

Reg No. 2013-68805  
Issue No. 2007, 3000  
Case No. ██████████  
Hearing Date: October 23, 2013  
County: Oakland (02)

**ADMINISTRATIVE LAW JUDGE:** Colleen M. Mamelka

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a telephone hearing was conducted from Detroit, Michigan on Wednesday, October 23, 2013. Claimant appeared and testified. Participating on behalf of the Department of Human Services ("Department") was ██████████.

**ISSUE**

Whether the Department properly denied the Claimant's Medical Assistance ("MA") application?

**FINDINGS OF FACT**

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

1. On August 7, 2013, the Department received Claimant's application for MA and Food Assistance Program ("FAP") benefits.
2. Claimant was approved for FAP benefits pending verifications.
3. On August 19, 2013, the Department sent a Verification Checklist ("VCL") to Claimant requesting the information by August 29, 2013. (Exhibit 1, pp. 2, 3)
4. Claimant did not submit verification of his income and assets and on September 5, 2013, the application was denied. (Exhibit 1, pp. 4 – 6)

5. On September 10, 2013, the Department received Claimant's written request for hearing. (Exhibit 2)
6. Claimant submitted verifications to the Department at the prehearing conference on September 25<sup>th</sup> resulting in the continuation of FAP benefits.

### **CONCLUSIONS OF LAW**

The hearing was requested to dispute the Department's action taken with respect to the FAP benefits. Shortly after commencement of the hearing, Claimant testified that since he submitted the requested verifications at the prehearing conference, the Department reactivated FAP benefits with no loss of coverage. As such, Claimant did not wish to proceed with the hearing. The Request for Hearing was withdrawn. The Department agreed to the dismissal of the hearing request.

Pursuant to the withdrawal of the hearing request filed in this matter, the Request for Hearing regarding FAP benefits is, hereby, **DISMISSED**.

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. Department policies are found in the Bridges Administrative Manual ("BAM"), the Bridges Eligibility Manual ("BEM"), and the Bridges Reference Manual ("BRM").

Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion of the necessary forms. BAM 105 (September 2012), p. 5. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130 (May 2012), p. 1. The client must obtain the required verification, however, the Department must assist if needed and/or requested. BAM 105, p. 8; BAM 130, p. 3. If neither the client nor the Department is able to obtain verification despite reasonable effort, the Department should use the best available information. BAM 130, p. 3. If no evidence is available, the Department should use its best judgment. BAM 130, p. 3. Client's are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. BAM 130, p. 5. For MA purposes, a case action notice is sent when the client indicates refusal to provide verification or the time period provided has passed. BAM 130, p. 5.

In this case, the Claimant submitted an application for MA and FAP benefits. As discussed above, Claimant is no longer aggrieved by the Department's actions regarding his FAP benefits. Claimant was provided until [REDACTED], to provide income and asset information. This information was necessary to determine MA

eligibility. As of September 5<sup>th</sup>, Claimant did not submit the requested verifications resulting in the proper denial of MA benefits. Ultimately, the Department established it acted in accordance with Department policy when it denied the Claimant application for MA benefits based on Claimant's failure to provide requested verification necessary to determine eligibility. Accordingly, the Department's MA determination is AFFIRMED.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds the Department established it acted in accordance with Department policy when it denied the Claimant's application for MA.

Accordingly, it is ORDERED:

1. The Department's denial of MA benefits is AFFIRMED.
2. Claimant's hearing request regarding FAP benefits is DISMISSED as Claimant is no longer aggrieved by a Department action.



Colleen M. Mamelka  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: October 29, 2013

Date Mailed: October 29, 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.

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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

CMM/tm

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