

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013-69884
Issue No.: 2006, 3008, 6015
Case No.: [REDACTED]
Hearing Date: October 29, 2013
County: Muskegon

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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, telephone hearing was held on October 29, 2013, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Assistance Payments Supervisor (AP Supervisor), and [REDACTED] Eligibility Specialist.

The Request for hearing was not signed by the Claimant and the section for designating an Authorized Hearing Representative was completed by the Claimant's mother. (Exhibit 1, page 2) The Claimant's mother was not present for the October 29, 2013, telephone hearing proceedings. The Claimant's appeal, in part, involved closure of his FAP case. BAM 600 allows for an oral hearing request for Food Assistance Program (FAP) cases and the Claimant stated he was comfortable proceeding on his own behalf. Accordingly, the telephone hearing was conducted on October 29, 2013, with the Claimant appearing on his own behalf.

ISSUE

Did the Department properly close the Claimant's Food Assistance Program (FAP), Medical Assistance and Medical Cost Share program cases?

FINDINGS OF FACT

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

1. The Claimant's mother was the authorized representative for the Claimant's benefits cases. (AP Supervisor Testimony)

2. The Claimant's FAP, Medical Assistance, and Medical Cost Share program cases were due for redetermination in August 2013. (AP Supervisor Testimony)
3. On July 16, 2013, the Department sent notice of a Redetermination Telephone Interview to the Claimant that was scheduled for August 6, 2013. (Exhibit 1, page 16)
4. On July 16, 2013, the Department sent a Redetermination Packet to the Claimant's authorized representative that was due back prior to the interview scheduled for August 6, 2013. (Exhibit 1, pages 17-20)
5. On August 6, 2013, the Department sent a Notice of Missed interview to the Claimant. (Exhibit 1, page 21)
6. On August 16, 2013, the Claimant's completed redetermination packet was received by the Department. (Exhibit 1, pages 17-20)
7. On August 28, 2013, the Department completed the Redetermination interview with the Claimant's authorized representative. (Exhibit 1, page 17)
8. On August 28, 2013, the Department sent a Verification Checklist to the Claimant's authorized representative requesting proofs of checking and savings accounts with a due date of September 9, 2013. (Exhibit 1, pages 14-15)
9. Verification of Assets forms for both financial institutions were sent with the August 28, 2013, Verification checklist. (Exhibit 1, pages 10-12)
10. On September 12, 2013, the Department sent a Notice of Case Action to the Claimant's authorized representative stating the Medicare Savings Program, Medicaid Program, and FAP cases would close October 1, 2013, because the bank verifications for the Claimant were not returned. (Exhibit 1, pages 6-9)
11. Effective October 1, 2013, the Claimant's Medical Assistance, Medical Cost Share program and FAP cases closed because the required verifications were not returned. (Exhibit 1, pages 4-5; AP Supervisor Testimony)
12. On September 19, 2013, a hearing request was filed on the Claimant's behalf protesting the Department's actions. (Request for Hearing)

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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

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, a Claimant must cooperate with the local office in determining initial and ongoing eligibility, including completion of necessary forms, and must completely and truthfully answer all questions on forms and in interviews. BAM 105.

Verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. Verifications are considered timely if received by the date they are due. For FAP, the department must allow a client 10 calendar days (or other time limit specified in policy) to provide the requested verification. The department worker must tell the client what verification is required, how to obtain it, and the due date. BAM 130.

For FAP, if the client contacts the department prior to the due date requesting an extension or assistance in obtaining verifications, the department must assist them with the verifications but not grant an extension. The department worker must explain to the client they will not be given an extension and their case will be denied once the due date is passed. Also, the department worker shall explain their eligibility and it will be determined based on their compliance date if they return required verifications. BAM 130. The department must re-register the application if the client complies within 60 days of the application date. See BAM 115 & BAM 130.

The Department closed the Claimant's Medical Assistance, Medical Cost Share program and FAP cases because the required verifications were not returned. (Exhibit 1, pages 4-5; AP Supervisor Testimony) The Claimant's testimony indicated he has been receiving the documentation the Department mailed to him. The Claimant stated it was his fault the verifications were not returned. The mail has just been put someplace and then the Claimant forgot to return what was needed. The Claimant explained that his mother, who is his authorized representative, is 85 years old and has been very ill. Further, the Claimant has a brain impairment. (Claimant Testimony)

While the Claimant's circumstances are understandable, it was uncontested that the Claimant and/or his authorized representative failed to return the required verifications by the due date. There is no evidence that any extension or request for assistance was made to the Department.

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 the Claimant's FAP, Medical Assistance and Medical Cost Share program cases.

DECISION AND ORDER

Accordingly, the Department's decision is

AFFIRMED.

Colleen Lack

Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: November 6, 2013

Date Mailed: November 6, 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

CL/sw

cc:

