#### 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:

2014 12934 1002, 3002, 6002, 2002

December 16, 2013 Wayne County (76)

### ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

# **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 December 16, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and the Claimant's Authorized Hearing Representatives, **Sector**. Participants on behalf of the Department of Human Services (Department) included **Terror**, FIS.

### <u>ISSUE</u>

Due to a failure to comply with the verification requirements, did the Department properly  $\square$  deny Claimant's application  $\square$  close Claimant's case  $\square$  reduce Claimant's benefits for:

Family Independence Program (FIP)?

Food Assistance Program (FAP)?

Medical Assistance (MA)?

Adult Medical Program (AMP)?

State Disability Assistance (SDA)?

Child Development and Care (CDC)?

# 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:

- 2. Claimant was required to submit requested verification but no verification checklist was provided with the hearing summary so the due date was uncertain.
- 3. The Department sought to locate the Claimant's residence because mail had been returned, however none of the returned mail was in the case file.
- 4. On November 5, 2013, the Department
  - $\boxtimes$  denied Claimant's application.

closed Claimant's case.

- reduced Claimant's benefits.
- 4. On November 5, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
- 5. On November 8, 2013 the Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions denying the Claimant's application for FIP, FAP, Ma and CDC for failure to locate household.

# 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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.

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.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q;

and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

Additionally, at the hearing the Claimant and her mother and AHR credibly testified that the Claimant provided verification of various items in support of the application including rent, a lease, and pay stubs and the hearing request indicated that the Claimant was working and attending Work First. The Department denied the application and stated that the mail was returned to the Department so it was unable to locate the Claimant's residence. The Claimant lived at an address on in Detroit but due to a problem with the mail at that address, she gave the Department her mother's address. The Claimant's mother credibly testified that she had received mail from the Department. None of the returned mail was in the case file at the time of the hearing. Additionally, the Department never called the Claimant regarding returned mail even though the Claimant provided a phone number with her application. The Claimant credibly testified that she returned the verifications by October 31, 2013 and included rent receipts, lease agreement, check stubs from work and her child's birth certificate. None of the documentation was in the case file. Based upon the record as a whole it is determined under these factual circumstances that the Department did not meet its burden of proof to establish the basis for its denial of the application under BAM 130.

Additionally the Department was unsure as to the status of the Claimant's Medical Assistance Application and thus no factual basis to determine whether the application was processed and its current status could be made. Based on the facts presented the Department must determine the status and process the application.

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

- ☐ did not act in accordance with Department policy when it denied the FIP, FAP and CDC for failure to locate household.
- ∑ failed to satisfy its burden of showing that it acted in accordance with Department policy when it did not present the verification checklist and could not determine whether the application for medical assistance was processed.

### **DECISION AND ORDER**

Accordingly, the Department's decision is

 $\boxtimes$  REVERSED.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS

HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. The Department shall initiate re registration of the Claimant's application for FAP, CDC and FIP and MA (if applicable) retroactive to the application date and shall process the application to determine eligibility and shall seek the necessary verifications to support the processing of the application.
- 2. The Department shall process the Claimant's application for Medical Assistance in still in pending status and determine eligibility.

Lynn M. Ferris Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: December 19, 2013

Date Mailed: December 19, 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:

2014-12934/LMF

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

#### LMF/cl

CC:	