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

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	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2014-4182 2010 December 4, 2013 Livingston
ADMINISTRATIVE LAW JUDGE: Carmen G.	Fahie	
HEARING DE	CISION	
Following Claimant's request for a hearing, Administrative Law Judge pursuant to MCL 400 42 CFR 431.200 to 431.250; 45 CFR 99.1 to notice, a telephone hearing was held on Wedne Michigan. Participants on behalf of Claimant behalf of the Department of Human Services ES, and Denise Andrews, APSup.	0.9 and 400.37; 7 CF 99.33; and 45 CFF esday, December 4, included the Claim	FR 273.15 to 273.18; R 205.10. After due 2013, from Lansing, ant. Participants on
ISSUE		
Did the Department properly $\square$ deny Claimar for:	nt's application 🛭 c	lose Claimant's case
<ul><li>☐ Family Independence Program (FIP)?</li><li>☐ Food Assistance Program (FAP)?</li><li>☐ Medical Assistance (MA)?</li><li>☐ Adult Medical Assistance (AMP)?</li></ul>		• • •
FINDINGS OF	F FACT	
The Administrative Law Judge, based on the evidence on the whole record, finds as material	-	rial, and substantial
<ol> <li>Claimant ☐ applied for ☐ received:</li> <li>☐ FIP ☐ FAP ☐ MA ☐ AMP [benefits.</li> </ol>	□SDA □CDC	□DSS □SSP
2. On September 19, 2013, the Department		

☐ denied Claimant's application ☐ closed Claimant's case

due to the Claimant failing to submit his Redetermination Application by the due date.

- 3. On September 19, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
- 4. On October 3, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

## **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 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 Adult Medical Program (AMP) is established by 42 USC 1315 and is administered by the Department pursuant to MCL 400.10. The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10 and Mich Admin Code, R 400.3151-.3180. 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 9858g; 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 400.50015020.
☐ Direct Support Services (DSS) is established by the Social Welfare Act, MCL 400.1119b. The program is administered by the Department pursuant to MCL 400.10 and 400.57a and Mich Admin Code R 400.3603.
☐ The State SSI Payments (SSP) program is established by 20 CFR 416.20012099 and the Social Security Act, 42 USC 1382e. The Department administers the program pursuant to MCL 400.10.
Additionally, the Claimant was a recipient of AMP. On August 13, 2013, the Department Caseworker sent the Claimant a Redetermination Application, DHS 1010, with a due date of September 3, 2013. Department Exhibit 7-10. The Claimant failed to submit his Redetermination Application by the due date. As a result, the Department closed the Claimant's AMP case on September 19, 2013. Department Exhibit 12-16.
During the hearing, the Claimant stated that he did not receive the Redetermenation Application. He did receive the Notice of Case Action sent on Septembe 19, 2013, but not until September 30, 2013, after 5 p.m. As a result, he was not able to get an extension or speak to his Department Caseworker. The Claimant stated that he always fills out the forms required of him by Department. The mail was not returned to the Department as undeliverable and the address was confirmed as correct. He did receive his Notice of Hearing.
The AMP program is closed and not accepting any new applicants. The Claimant cannot reapply for benefits so the closure and loss of benefits of the AMP is viewed with heightened scrutiny. Even though the Department acted properly in sending out the Redetermination Application, the Claimant had a record of returning forms as required. It could be possible that something happened with the mail. In addition, the Notice of Case Action was sent too late for the Claimant to have an opportunity to turn in the required information. BAM 105, 130, and 210.
Therefore, the Department has not met its burden because the Claimant did not receive his Redetermination Application, and the Notice of Case Action came too late for him to turn in the required verifications before the end of the month.
The Administrative Law Judge, based upon 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 closed the Claimant's AMP case because he failed to provide the required Redetermination Application.

## **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. Initiate a redetermination of the Claimant's eligibility for AMP by sending the Claimant a new Redetermination Application, DHS 1010, when received back from the Claimant to reinstate the Claimant's AMP benefit retroactive to October 1, 2013.
  - 2. Provide the Claimant with written notification of the Department's revised eligibility determination.
  - 3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.

Carmen G. Fahie

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

Date Signed: <u>12/20/2013</u>

Date Mailed: <u>12/20/2013</u>

**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

