

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 20145462
Issue No.: [REDACTED]
Case No.: [REDACTED]
Hearing Date: December 4, 2013
County: Oceana

ADMINISTRATIVE LAW JUDGE: Gary F. Heisler

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 4, 2013, from Lansing, Michigan. Claimant and his spouse, [REDACTED], appeared and testified. Participants on behalf of the Department of Human Services (Department) included AP [REDACTED] and General Program Services Manager [REDACTED].

ISSUE

Did the Department properly close Claimant's Medical Assistance (MA) due to failure to provide income verification?

FINDINGS OF FACT

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

1. Claimant and his family were ongoing recipients of Medical Assistance (MA) and Food Assistance Program (FAP) benefits.
2. On September 9, 2013, a Redetermination Form (DHS-1010) was submitted for Medical Assistance (MA) and Food Assistance Program (FAP). A Verification Checklist (DHS Form 3503) was sent to Claimant requesting verification of Claimant's earned income. Claimant was also sent a Notice of Case Action (DHS-1605) which stated
3. On September 16, 2013, Claimant submitted a request for hearing about Medical Assistance (MA) closure.

4. On September 19, 2013, Claimant submitted his weekly check stubs for August 16, 23 and 30. Claimant informed his case worker that he could not find his check stub for August 9 and was unable to get one from his employer. DHS sent a Verification of Employment (DHS Form 38) to the employer but nothing was sent back.
5. On September 24, 2013, Claimant was sent a Notice of Case Action (DHS-1605) which stated his Food Assistance Program (FAP) would close on October 10, 2013.

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 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.

During this hearing the Department representatives testified that the single pay stub from Claimant was the source of all the negative actions that occurred in connection with the re-determination. Regardless of the exact impact of the missing check stub, Department of Human Services Bridges Eligibility Manual (BEM) 501 (2013) page 8 provides specific guidance for the circumstances which existed in this case. "Do not deny or terminate assistance because an employer or other source refuses to verify income."

Unfortunately the BRIDGES automation case workers are told to rely on is not able to discern critical facts such as why verification has not been logged in. Neither is it programmed to decide whether there is sufficient information available to complete an income projection. In this case the BRIDGES automation did not follow Department policy. A detailed analysis of the evidence presented, applicable Department policies, and reasoning for the decision are contained in the recorded record.

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 determined Claimant was not eligible due to failure to provide income verification.

DECISION AND ORDER

Accordingly, the Department's decision is **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. Re-determine Claimant's eligibility beginning October 1, 2013, in accordance with Department policy.

/s/
Gary F. Heisler
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 12/20/2013

Date Mailed: 12/23/2013

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.

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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

GFH/sw

cc:

