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

IN THE MATTER OF:



Reg. No.: 201420551 Issue No.: 2002, 3002 Case No.:

Hearing Date:

January 29, 2014

County: Kalamazoo County DHS

ADMINISTRATIVE LAW JUDGE: Kevin Scully

HEARING DECISION

Following Claimant's r equest 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 t elephone hearing was held on January 2 9, 2014, from Lansing, Michigan. Participants on behalf of Claimant included Participants on behalf of the Department of Human Services (Department) included

<u>ISSUE</u>

Whether the Department of Human Se rvices (Department) properly closed the Claimant's Medical Assistance (M.A.) and Food Assistance Program (FAP) benefits?

FINDINGS OF FACT

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

- The Claimant was an ongoing Medica I Assistance (M.A.) and Food Assis tance Program (FAP) recipient.
- 2. On November 12, 2013, the Department sent the CI aimant a Redetermination (DHS-1010) with a due date of December 2, 2013.
- On December 13, 2013, the Department notified the Claimant that it would close his Medical Assistance (M.A.) and Food Assistance Program (FAP) benefits as of January 1, 2014.
- The Claimant provided the Department with information necessary to determine his eligibility to receive benefits al ong with an application for benefits on December 30, 2013.
- The Department received the Claimant's request for a hearing on December 30, 2013, prot esting the closure of his Medical Ass istance (M.A.) and F ood Assistance Program (FAP) benefits.

CONCLUSIONS OF LAW

The Medic al Assistance (MA) program is est ablished by the Title XIX of the Socia I 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 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.

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (March 1, 2013), p 5. Verification means documentation or other evidence e to establish the accuracy of the client's verbal or written statements. Department of Human Services Bri dges Assistance Manual (BAM) 130 (May 1, 2012), p 1. Verific ation is usually required at application/redetermination and for a reported change affecting elig ibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130. The Department uses documents, collateral contacts, or home calls to verify information. BAM 130. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. W hen documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

The Claimant was an ongoing Medical Assistance (M.A.) and Food Assistance Program (FAP) recipient when the Department initiated a routine review of his eligibility to receive continued benefits. On Nove mber 12, 2013, the Departm ent sent the Claimant a Redetermination (DHS-1010) with a due date of December 2, 2013. When the Department did not receive the Claimant's Redetermination form, it notified him on December 13, 2013, that it would close his Medical Assistance (M.A.) and Food Assistance Program (FAP) as of January 1, 2014.

The Claimant provided the D epartment with the information necessary to determine his eligibility to receiv e benefits on December 30, 2013, along with a new application for benefits.

Based on the evidence and test imony available during the hear ing, this Administrative Law Judge finds that the Department has est ablished that it was acting in accordance with policy when it closed the Claimant's Medical Assistance e (M.A.) and Food Assistance Program (FAP) benefits for fa ilure to provide the Department with information necessary to determine his eligibility to receive benefits.

DECISION AND ORDER

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

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accordance with Department policy when it closed the Claimant's Medical Assistance (M.A.) and Food Assistance Program (FAP) benefits.

Accordingly, the Department's decision is **AFFIRMED**.

Kevin Scully Administrative Law Judge

for Maura D. Corrigan, Director Department of Human Services

Date Signed: January 31, 2014

Date Mailed: February 3, 2014

NOTICE OF APP EAL: The claimant may appea I the Dec ision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, i f a timely Request for Rehearing or Reconsiderati on was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing Syst em (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the mailing date of this Dec ision and Order. MAHS will not order a rehearing or reconsideration on the Department's mo tion where the final decis ion 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 disc overed evidence that existed at the time of the or iginal 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 clai mant must specify all reas ons 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

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