

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-15835  
Issue No(s): 2001, 2010, 3002  
Case No.: [REDACTED]  
Hearing Date: March 12, 2014  
County: DHS-SSPC-West

**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, a telephone hearing was held on March 12, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] [REDACTED] the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] [REDACTED] Eligibility Specialist.

**ISSUES**

Did the Department properly deny Claimant's application for Medical Assistance (MA) based on a freeze on Adult Medical Program (AMP) enrollment and categorical ineligibility for Medicaid?

Did the Department properly deny Claimant's application for Food Assistance Program (FAP) based on a failure to comply with verification requirements?

**FINDINGS OF FACT**

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

1. On October 24, 2013, Claimant applied for MA and FAP.
2. On October 24, 2013, an interview was completed with Claimant.
3. On October 24, 2013, a Notice of Case Action was issued to Claimant stating the MA application was denied due to a freeze on AMP enrollment and categorical ineligibility for Medicaid.
4. On October 24, 2013, a Verification Checklist was issued to Claimant stating what proofs were needed by the November 4, 2013 due date for determining FAP eligibility.

5. Claimant did not return any of the requested verifications.
6. On November 8, 2013, a Notice of Case Action was issued to Claimant stating the FAP application was denied because verifications were not returned.
7. On December 2, 2013, Claimant filed a request for hearing contesting 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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

#### **MA**

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 Adult Medical Program (AMP) is established by 42 USC 1315 and is administered by the Department pursuant to MCL 400.10.

Medicaid is available to individuals over age 65, blind, disabled, under 21, pregnant, or parent/caretaker relative of a dependent child. BEM 110, 125, 126, 135, 240, and 260.

For AMP, applications received during a freeze on AMP enrollments must be registered and are to be denied using "applicant did not meet other eligibility requirements" as the denial reason. Applicants must be informed that the reason for denial is an enrollment freeze. BEM 640

The October 24, 2013 Notice of Case Action indicates that the denial of the MA programs was based on the Claimant not meeting Medicaid categorical eligibility criteria and the freeze of AMP enrollment. (Exhibit 1, pages 8-9) There was no evidence presented to establish that the Claimant is over age 65, blind, disabled, under 21, pregnant, or parent/caretaker relative of a dependent child to be eligible for Medicaid. Further, enrollment for the AMP program was frozen at the time of the Claimant's MA application. Claimant testified he understood the MA denial. Accordingly, the Department's determination to deny Claimant's MA application is upheld.

#### **FAP**

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.

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. 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. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department worker should use the best available information. If no evidence is available, the Department worker is to use their best judgment. The Department is to send a case action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. 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 FAP application if the client complies within 60 days of the application date. BAM 115 and BAM 130.

On October 24, 2013, a Verification Checklist was issued to Claimant stating what proofs were needed by the November 4, 2013 due date for determining FAP eligibility. Claimant did not return any of the requested verifications. Accordingly, on November 8, 2013, a Notice of Case Action was issued to Claimant stating the FAP application was denied because verifications were not returned. Claimant acknowledged that he sent in the forms late.


The Department provided sufficient evidence that they followed the BAM 130 policy in requesting verifications from Claimant. The Department allowed 10 days, told Claimant what verification was required, how to obtain it, and the due date. It was uncontested Claimant did not provide the verifications by the due date. Accordingly, the Department's determination to deny Claimant's FAP application based on the verifications not being returned by the due date is upheld.

The Eligibility Specialist confirmed that the Department re-instated Claimant's FAP application based on the late submission of the verifications that were received within 60 days of the application date. Further, Claimant has been found eligible for FAP as of the date he complied with the request for verifications. This Hearing Decision does not change the Department's more recent determination of Claimant's eligibility for FAP as of the date he complied with the request for verifications.

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 denied Claimant application for MA based on a freeze on Adult Medical Program (AMP) enrollment and categorical ineligibility for Medicaid and when it denied Claimant's application for FAP based on a failure to comply with verification requirements by the due date.

**DECISION AND ORDER**

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

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

Date Signed: March 21, 2014

Date Mailed: March 21, 2014

**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:

201415835/CL

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

CL/hj

cc:

