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

IN THE MATTER OF:		
	Reg. No.: Issue No(s) .: Case No.: Hearing Date: County:	201421460 2002 March 13, 2014 Wayne (76)
ADMINISTRATIVE LAW JUDGE: Robert J. Chavez		
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 13, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Participants. Participants on behalf of the Department of Human Services (Department) included		
Due to a failure to comply with the verification requirements, did the Department properly $\boxtimes$ deny Claimant's application for:		
Food Assistance Program (FAP)?	•	ogram (AMP)? ssistance (SDA)? nt and Care (CDC)?
FINDINGS OF FACT		
The Administrative Law Judge, based upon the competent, material, and substantia evidence on the whole record, including testimony of witnesses, finds as material fact:		
1. Claimant ⊠ applied for ☐ received:		
☐FIP ☐FAP ☑MA ☐ AMP ☐SD. benefits.	A □CDC	

Claimant was required to submit requested verification by November 25, 2013.

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- 3. On December 9, 2013, the Department ⊠ denied Claimant's application.
- 4. On December 9, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
- 5. On December 20, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.

#### **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 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.

Additionally, claimant was required to return a DHS-49F and a DHS-1555 in order to begin processing his Medicaid disability application. Per BAM 815, clients are required to return these documents.

BAM 130 states that the Department may deny an assistance application if the claimant fails to return requested verifications in a timely manner.

Claimant returned these documents in person on December 10, 2013, the day after his application had been denied, and nearly 15 days after they were due. While claimant alleged at hearing that these documents had been mailed in, claimant was unable to provide a precise date of mailing or provide any proof of mailing; as such, claimant is not entitled to a presumption of mailing.

Therefore, as the verifications were needed, and claimant is unable to provide proof of a timely return, and as claimant did not request an extension, the undersigned holds that the Department was correct to deny the application in question.

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's benefit application.

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### **DECISION AND ORDER**

Accordingly, the Department's decision is

AFFIRMED.

Robert J. Chavez
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 8, 2014

Date Mailed: April 9, 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:

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

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