

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201429475  
Issue No(s): 2002, 3000  
Case No.: [REDACTED]  
Hearing Date: March 26, 2014  
County: Midland County DHS

**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 March 26, 2014, from Lansing, Michigan. Participants on behalf of Claimant included herself and her husband [REDACTED]. Participants on behalf of the Department of Human Services (Department) included ES [REDACTED]. During this hearing Claimant withdrew the Food Assistance Program (FAP) portion of the hearing request. The Food Assistance Program (FAP) portion of this hearing request is dismissed.

**ISSUE**

Did the Department properly deny Claimant's December 13, 2013 Medical Assistance (MA) application?

**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 December 13, 2013, Claimant submitted an application for Medical Assistance (MA) and Food Assistance Program (FAP) benefits.
2. On December 26, 2013, Claimant was sent a Verification Checklist (DHS Form 3503) for Food Assistance Program (FAP) eligibility. The checklist requested verification of earned income, ended earned income, and shelter expense. The verifications were due January 6, 2014.
3. On January 2, 2014, Claimant submitted another application for Medical Assistance (MA) and Food Assistance Program (FAP) benefits.

4. On January 9, 2014, Claimant was sent a Notice of Case Action (DHS-1605) which stated Food Assistance Program (FAP) benefits were denied from December 13, 2013 for failure to provide verification of bank accounts, rent, and incomes.
5. On January 10, 2014, Claimant was sent a Verification Checklist (DHS Form 3503) for Food Assistance Program (FAP) eligibility. The checklist requested verification of bank accounts, rent, self-employment income and employment. The verifications were due on January 21, 2014.
6. On January 15, 2014, Claimant was sent a Notice of Case Action (DHS-1605) which stated Adult Medical Program (AMP) was denied: for Claimant and [REDACTED] from January 1, 2014 to January 31, 2014; for Claimant, [REDACTED] and [REDACTED] from February 1, 2014 ongoing. The notice also stated that Medical Assistance (MA) was denied for Austin from February 1, 2014 ongoing. The reason given for AMP denial of Claimant and Brian for January 2014 is AMP closed to new enrollment and not blind, disabled, pregnant, parent/caretaker relative of a dependent child or meet age requirements. The reason given for AMP denial of Claimant, [REDACTED] and Alexander for February 2014 ongoing is not under 21, pregnant or caretaker of a minor child, and not over 65, blind, or disabled. The reason given for denial of MA for Austin from February 2014 ongoing is verification of self-employment income, employment was not returned for Claimant. (Pages 9-12)
7. On January 31, 2014, Claimant was sent a Notice of Case Action (DHS-1605) which stated Food Assistance Program (FAP) benefits were denied from January 2, 2014 for failure to provide verifications.
8. On February 16, 2014, Claimant submitted a request for hearing.

### **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.

It is noted that the actions at issue were taken by the Midland County DHS office. Claimant has since transferred to the Saginaw County DHS office area. ES Hoisington, the Department representative at Midland County, did not have Claimant's case file so the only records available were the hearing packet. It is also noted that Claimant's primary concern is obtaining Medical Assistance (MA) coverage for [REDACTED] based on medical disability. ES [REDACTED] testified that she did not receive the

employment/income verifications requested and the denial reason on the January 15, 2014 Notice of Case Action (DHS-1605) of verification of self-employment income, employment was not returned for Claimant, makes the denial for Claimant's husband a correct action.

Claimant provided credible and detailed testimony that she was advised to submit the January 2, 2014 Medical Assistance (MA) application to clearly show [REDACTED] asserts disability; and that she made copies of the requested income and employment verifications at the DHS office and submitted them over the counter on January 8 or 9, 2014.

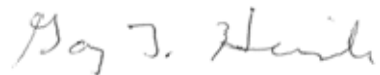
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied Claimant's December 13, 2013 Medical Assistance (MA) application.

**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. Reinstate Claimant's December 13, 2013, Medical Assistance (MA) application and process in accordance with Department policy.



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

Date Signed: April 1, 2014

Date Mailed: April 1, 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

GFH/hj

cc:

