

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

**IN THE MATTER OF:**



Reg. No.: 14-010828  
Issue No.: 2003  
Case No.: [REDACTED]  
Hearing Date: November 06, 2014  
County: WAYNE-82 (ADULT MEDICAL)

**ADMINISTRATIVE LAW JUDGE: Robert 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 November 6, 2014, from Detroit, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], ES.

**ISSUE**

Did the Department properly  close Claimant's case for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?  | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input type="checkbox"/> Food Assistance Program (FAP)?      | <input type="checkbox"/> Child Development and Care (CDC)?  |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> Direct Support Services (DSS)?     |
| <input type="checkbox"/> Adult Medical Assistance (AMP)?     | <input type="checkbox"/> State SSI Payments (SSP)?          |

**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  received:  
 FIP    FAP    MA    AMP    SDA    CDC    DSS    SSP  
benefits.
2. On September 1, 2014, the Department  
 denied Claimant's application    closed Claimant's case  
due to failure to complete a redetermination.

3. On August 18, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
4. On August 25, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting 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), 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, a case may close if a client fails to complete the redetermination process. BAM 210.

Claimant argued that the current holder of the power of attorney (POA), Claimant's de facto authorized representative, was not sent any of the redetermination paperwork.

While this may be true, it is only relevant if the Department was notified that this individual was Claimant's authorized representative and held a POA for the Claimant.

After considering the evidence and testimony, the undersigned can find no evidence that shows that the Department was aware that Claimant's representative was actually a representative. While this representative did file the original MA application, no indication was given on the application that the representative held Claimant's POA. No instructions were given to the Department at the time of application that all correspondence should be sent to the filing representative.

The proper test in any administrative case is whether the actions of the Department were correct given the information they had, or should have had, in their possession. At no point was the Department informed during the relevant time periods that Claimant's mail should be sent to a different address. Therefore, the Department must be held blameless, as they acted appropriately given the information in the possession; any responsibility in the matter must be held against the Claimant's authorized representative, who had the duty to check Claimant's mail for important documentation.

As such, the undersigned must hold that the Department properly closed the MA case, as the redetermination was not completed, and the Department properly sent all documentation using the information at hand.

The Administrative Law Judge, based upon 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 closed Claimant's MA case.

**DECISION AND ORDER**

Accordingly, the Department's decision is

**AFFIRMED.**



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

Date Signed: **12/10/2014**

Date Mailed: **12/10/2014**

RJC / tm

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS **MAY** order a rehearing or reconsideration on its own motion.

MAHS **MAY** grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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 48909-8139

cc:

