

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

IN THE MATTER OF:

██████████
████████████████████
████████████████████

Reg. No.: 2014 10201
Issue No.: 2002, 3002
Case No.: ██████████
Hearing Date: December 2, 2013
County: Wayne (19)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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, telephone hearing was held on December 2, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ES.

ISSUE

Due to a failure to comply with the verification requirements, did the Department properly ☒ deny Claimant's application ☐ close Claimant's case ☐ reduce Claimant's benefits for:

- | | |
|--|---|
| ☒ Family Independence Program (FIP)? | ☐ Adult Medical Program (AMP)? |
| ☒ Food Assistance Program (FAP)? | ☐ State Disability Assistance (SDA)? |
| ☒ Medical Assistance (MA)? | ☐ Child Development and Care (CDC)? |

FINDINGS OF FACT

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

1. Claimant ☒ applied for ☐ received:
☒ FIP ☒ FAP ☒ MA ☐ AMP ☐ SDA ☐ CDC
benefits.
2. Claimant was required to submit requested verification by August 29, 2013.

3. On November 1, 2013, the Department
 - ☒ denied Claimant's application.
 - ☐ closed Claimant's case.
 - ☐ reduced Claimant's benefits.
4. On August 29, 2013 the claimant provided a verification of loss of employment and the other verifications requested by the department including medical forms and her husband's self-employment information.
5. On October 18, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
6. On October 28, 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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.

☒ 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.

☒ 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, in this case the Claimant credibly testified that she returned all of the requested verifications to the Department on August 29, 2013, the due date. The claimant's testimony was very detailed and she explained that the documents were presented to the front desk and were date stamped and re-stapled by the DHS representative who received the documents. The claimant believed she signed the sign-in book. The claimant, at the time she provided the verifications, indicated that she provided a verification of loss of employment, medical documents and employment information regarding her husband. Based on her credible testimony under oath it is

determined that the claimant properly and timely filed verifications which were either misplaced or lost by the department. Therefore, there is no refusal to cooperate on her part and she did everything she was required to do and thus the Department must reinstate the claimant's application.

Send a negative 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 pp.6, (7/1/13).

Based upon this policy it is determined that the Department INCORRECTLY closed the Claimant's FAP and Medical Assistance case.

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

☒ did not act in accordance with Department policy when it denied the claimant's application for Food Assistance, Medical Assistance, and FIP.

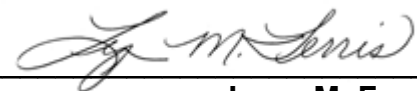
DECISION AND ORDER

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. The Department shall initiate re-registration of the claimant's application and shall process the application to determine claimant's eligibility for benefits.
2. The Department shall issue a Supplement to the claimant for any benefits she was otherwise entitled to receive in accordance with Department policy.



Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: December 10, 2013

Date Mailed: December 10, 2013

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

LMF/cl

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]