

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-13504
Issue No(s): 2003, 3003
Case No.: [REDACTED]
Hearing Date: December 19, 2013
County: Macomb County DHS #12

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 December 19, 2013, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Manager, and [REDACTED] Eligibility Specialist, both from the Livingston County Department office. [REDACTED] Hearings Coordinator, was also present at the Macomb County Department office.

ISSUE

Did the Department properly closed the Claimant's Medicaid and Food Assistance Program (FAP) cases 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. The Claimant was receiving Medicaid and FAP benefits in Livingston County.
2. The Claimant's Medicaid and FAP cases were due for Redetermination in September 2013.
3. On August 13, 2013, a Redetermination form was issued to the Claimant with a due date of September 11, 2013.
4. On August 13, 2013, notice of a telephone Redetermination telephone interview scheduled for September 11, 2013 was also issued to the Claimant.
5. On September 3, 2013, the Claimant reported a new address in Macomb County to the Department.

6. On September 11, 2013, a Notice of Missed Interview was mailed to the Claimant.
7. On September 19, 2013, a Notice of Case Action was issued to the Claimant stating the Medicaid would close effective October 1, 2013.
8. On November 25, 2013, the Claimant filed a request for hearing contesting the Department's actions regarding Medicaid and FAP.

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 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, 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. 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 workers 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.

Benefits stop at the end of the benefit period unless a redetermination is completed and a new benefit period is certified. A redetermination packet is considered complete when all of the sections of the redetermination form including the signature section are completed. If a client files an application for redetermination before the end of the benefit period, but fails to take a required action, the case is denied at the end of the benefit period. BAM 210.

The Claimant was receiving Medicaid and FAP benefits in Livingston County. On August 13, 2013, a Redetermination form was sent to the Claimant with a due date of September 11, 2013, for returning the completed form with proofs. On August 13, 2013, notice of a telephone Redetermination telephone interview scheduled for September 11, 2013 was also issued to the Claimant. The Claimant confirmed that the address on the Redetermination form was correct at that time.

On September 3, 2013, the Claimant reported a new address in Macomb County to the Department. The Claimant testified she called the Department three times in a one month period about her address change and the pending Redetermination. The Claimant stated she was told to wait for her case to be transferred to Macomb County to complete the Redetermination telephone interview. The Claimant also testified that she only received the Redetermination Telephone Interview notice, but not the multipage Redetermination form.

The Manager testified that the address change would go to the change team, not the Redetermination team. However, if the Redetermination was brought up with the change team, the call should have been forwarded to the Redetermination team and if needed the Redetermination form could have been re-printed and re-sent to the Claimant. Further, the Manager indicated that the August 13, 2013, Redetermination form would have been mailed from Lansing, not the local office.

The Claimant credibly testified that she made multiple phone calls to the Department about her move and to try to complete the pending Redetermination interview, but did not receive the Redetermination form that needed to be completed and returned. It does not appear that the Claimant's calls in September 2013 were forwarded to the Redetermination team. It is also noted that the Department did not provide written notice of the FAP closure on the September 19, 2013, Notice of Case Action. Rather, this Notice of Case Action only stated Medicaid cases will close. (Exhibit 1, pages 7-12) A Bridges print out indicates that the FAP case closed at the end of the benefit period on September 30, 2013. (Exhibit A, page 6)

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 closed the Claimant's Medicaid and FAP cases.

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 the Claimant's Medicaid and FAP cases retroactive to October 1, 2013 and re-determine eligibility in accordance with Department policy.
2. Issue the Claimant any supplement she may thereafter be due.

/s/

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

Date Signed: December 26, 2013

Date Mailed: December 27, 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

201413504/CL

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

CL/hj

cc:

