

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

IN THE MATTER OF:

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

Reg. No.: 2014-1373
Issue No(s): 2001
Case No.: ██████████
Hearing Date: December 12, 2013
County: Oakland (63-04)

ADMINISTRATIVE LAW JUDGE: Jonathan W. Owens

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, an in-person hearing was held on December 12, 2013, from Pontiac, Michigan. Participants on behalf of Claimant included Claimant, ██████████
██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████
██. Participants on behalf of the Department of Human Services (Department) included ██████████.

ISSUE

Did the Department properly deny Claimant's application 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 applied for received:
 FIP FAP MA AMP SDA CDC DSS SSP
benefits.

2. On March 1, 2013, the Department denied Claimant's application closed Claimant's case due to an alleged failure to provide verifications.
3. On March 1, 2013, the Department sent Claimant its decision.
4. On September 17, 2013, 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.

In the instant case, Claimant's application dated October 4, 2011, was denied based upon a failure to return verifications. The Department issued a verification checklist following a prior decision and order reversing a prior denial of this same application. The Department was ordered to process the application in accordance with policy. The Department issued a verification checklist on February 15, 2013. This checklist was issued only to Claimant and not Claimant's representative. On March 1, 2013, following the February 25, 2013, due date for verifications, the Department denied Claimant's application for failure to provide verifications by the due date.

Department policy located in BAM 130 (May 2012), p. 1, indicates the Department is to seek verification for application/redetermination. The Department, according to BAM 130 (May 2012), p. 2, is allowed to utilize a collateral contact and make direct contact with a person, organization or agency to verify information from the client, if documentation is not available or when available evidence needs clarification. This policy allows for the Department to use the best available information if neither the client nor the Department can obtain verification despite a reasonable effort. BAM 130 (May 2012), p. 3. Verifications are considered to be timely if received by the date they are due. BAM 130 (May 2012), p. 5. The Department should only issue a negative action notice if 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 (May 2012), p. 5. The Authorized Representative assumes all the responsibilities of a client. BAM 110, p. 9.

After reviewing the evidence presented, this Administrative Law Judge finds the Department acted contrary to policy when only issuing the request for verifications to Claimant and not sending the request to Claimant's assigned authorized representative.

By failing to send Claimant's representative the verification request, the Department effectively denied Claimant's representative the ability to respond to the request. Therefore, 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 did not act in accordance with Department policy.

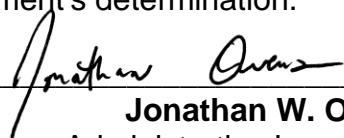
DECISION AND ORDER

Accordingly, the Department's decision is

- AFFIRMED.
- REVERSED.
- AFFIRMED IN PART with respect to _____ and REVERSED IN PART with respect to _____.

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. Initiate reprocessing of Claimant's application dated October 4, 2011;
2. Request necessary verifications needed from Claimant and her representative in order to process the application for benefits;
3. Allow Claimant and/or her representative 10 days to comply with the request for verification;
3. Advise Claimant and her representative of the Department's determination.



Jonathan W. Owens
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: December 18, 2013

Date Mailed: December 18, 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

JWO/pf

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