

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 2014-4263  
Issue No(s): 2002, 3002  
Case No.: ██████████  
Hearing Date: December 18, 2013  
County: Macomb #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 18, 2013, from Lansing, Michigan. Participants on behalf of Claimant included ██████████, the Claimant. Participants on behalf of the Department of Human Services (Department) included Gloria Grable, Eligibility Specialist.

**ISSUE**

Did the Department properly close the Claimant's Food Assistance Program (FAP) case and deny the Claimant's Medicaid application based on a failure to comply with the 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 a recipient of FAP benefits.
2. On August 27, 2013, the Claimant applied for Medicaid.
3. On September 9, 2013, a Verification Checklist was issued to the Claimant stating what verifications were needed by the September 19, 2013, due date to determine eligibility for Medicaid and FAP.
4. On September 24, 2013, a Notice of Case Action was issued to the Claimant stating Medicaid was denied effective August 1, 2013, and FAP would close effective November 1, 2013, based on the failure to provide verifications.

5. On October 7, 2013, the Claimant filed a request for hearing contesting the Department's determination.

### **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. For both MA and FAP, 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 MA, if the client cannot provide the verification despite a reasonable effort, the time limit can be extended up to three times. 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 worker 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.

On September 9, 2013, a Verification Checklist was issued to the Claimant stating what verifications were needed by the September 19, 2013, due date to determine eligibility for Medicaid and FAP. (Exhibit A) The Eligibility Specialist testified that the Claimant did not provide the verifications, nor request an extension or assistance with obtaining the verifications. Accordingly, on September 24, 2013, a Notice of Case Action was issued to the Claimant stating Medicaid was denied effective August 1, 2013 and FAP would close effective November 1, 2013, based on the failure to provide verifications. (Exhibit B)

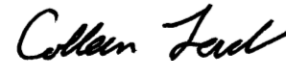
The Claimant testified he never received the Verification Checklist. The Claimant stated he does not have problems getting his mail. The Claimant explained that the manager that owns the building opens up the mail and gives the Claimant his mail. Further, the manager also reads mail to the Claimant if it is important. It is noted that the address on the Verification Checklist is the same address the Claimant verified during the telephone hearing proceedings.

The Department has presented sufficient evidence that they followed the BAM 130 policy to request verifications from the Claimant that were needed to determine eligibility for FAP and Medicaid. The Department sent the Verification Checklist to the Claimant at his address, allowed 10 days to provide the verifications, listed what verifications were needed, and how to obtain them. The Claimant may wish to re-apply for FAP and Medicaid.

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 acted in accordance with Department policy when it closed the Claimant's FAP case and denied the Medicaid application based on a failure to comply with the verification requirements.

**DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED**.



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

Date Signed: 12/26/2013

Date Mailed: 12/26/2013

**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

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

CL/pw

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