

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-000308
Issue No.: 2002; 3002; 1002; 4002
Case No.: [REDACTED]
Hearing Date: March 03, 2015
County: MACOMB-DISTRICT 36 (STERL

ADMINISTRATIVE LAW JUDGE: Susanne E. Harris

HEARING DECISION

Following the 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 March 3, 2015, from Lansing, Michigan. Participants on behalf of the Claimant included the Claimant, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator, [REDACTED].

PROCEDURAL HISTORY

This matter was originally scheduled to be heard on February 11, 2015 at 2:30 PM. On February 9, 2015, the Michigan Administrative Hearing System received the Claimant's request for an adjournment. On February 10, 2015, Administrative Law Judge Alice C. Elkin issued an Adjournment Order. The hearing was rescheduled for March 3, 2015, at 2:00 PM and commenced as rescheduled.

ISSUE

Did the Department properly deny Claimant's application Family Independence Program (FIP) or State Disability Assistance, Food Assistance Program (FAP) and Medical Assistance (MA)?

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 applied for FIP or SDA (cash assistance) FAP and MA benefits.
2. On October 24, 2014, the Department sent the Claimant notice that his application was for cash assistance was denied because he was not categorically eligible for cash assistance as he had no minor children and was not aged, blind or disabled.

3. October 24, 2014, the Department sent the Claimant a DHS-3503, Verification Checklist requesting verification of income, assets and expenses which were due by November 3, 2014. The Department also sent the Claimant a DHS-1004, Health Care Coverage Supplemental Questionnaire with a due date of November 3, 2014.
4. On November 21, 2014, the Department sent the Claimant a DHS-1605, Notice of Case Action informing the Claimant that his application for FAP benefits had been denied as the requested verification was not returned.
5. The uncontested testimony during the hearing was that the Claimant return the completed DHS-1004, Health Care Coverage Supplemental Questionnaire on November 24, 2014.
6. On December 16, 2014, the Department sent the Claimant a DHS-1606, Health Care Coverage Determination Notice informing the Claimant that his application for MA had been denied due to his failure to return the DHS-1004, Health Care Coverage Supplemental Questionnaire.
7. On January 5, 2015, the Claimant submitted 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 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.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

In this case, the Claimant does not contest that he was late submitting the required verifications. Bridges Assistance Manual (BAM) 130 (2014) p. 2 provides that the Department worker tell the Claimant what verification is required, how to obtain it and the due date by using either a DHS-3503 Verification Checklist to request verification. In this case, the Department did exactly that.

Bridges Assistance Manual (BAM) 130 (2014) p. 5 provides that verifications are considered to be timely if received by the date they are due. It instructs Department workers to send a negative action notice when the Claimant indicates a refusal to provide a verification, or when the time period given has elapsed and the Claimant has not made a reasonable effort to provide it. In this case, the Administrative Law Judge determines that the time period to submit the verification had lapsed and the Claimant had made no reasonable effort to provide the verification before such time. Furthermore, it is not contested that the Claimant did not seek assistance in obtaining the verifications. As such, the Administrative Law Judge concludes that the Department has met its burden of establishing that it was acting in accordance with policy when taking action to deny the Claimant's FAP and cash assistance application for failure to submit the required verification.

With regards to the Claimant's MA application, it is not contested that the Claimant had submitted the requested verification three weeks before the Department actually denied his MA application for the specific reason that he did not return his supplemental questionnaire. Bridges Administrative Manual (BAM) 115 (2014) pp. 6, 7, provides that a Claimant's application on file remains valid through the last day of the month after the month of the denial or termination. To reapply during this time, the Claimant must update the information on the existing application and must date each page next to the page number to show that it was reviewed and then the Claimant must re-sign and re-date the application on the signature page. In this situation if eligibility exists the application is valid until the originally scheduled redetermination or end date. In this case, the Department had everything that was necessary to process the Claimant's application three weeks before the Claimant was denied. As such, this Administrative Law Judge concludes that the Department worker should have had the Claimant update his application, if that was even necessary, and then process the application. As such, the Administrative Law Judge concludes that the Department was not acting in accordance with its policy when taking action to deny the Claimant's application for MA.

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 took action to deny the Claimant's application for FAP and cash assistance. The Department did not act in accordance with Department policy when it took action to deny the Claimant's application for MA.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED IN PART** with respect to the Department's denial of the Claimant's application for FAP and cash assistance and **REVERSED IN PART** with respect to the denial of the Claimant's application for MA.

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. Redetermine the Claimant's eligibility for MA back to his original application date, and
2. Issue the Claimant any supplement he may thereafter be due.



Susanne E. Harris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **3/6/2015**

Date Mailed: **3/6/2015**

SEH/sw

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:

