

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-004771
Issue No.: 3002
Case No.: [REDACTED]
Hearing Date: June 09, 2015
County: Hillsdale

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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 June 09, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and her husband [REDACTED]. Participants on behalf of the Department included [REDACTED] as hearing facilitator.

ISSUE

Did the Department of Health and Human Services (Department) properly deny the Claimant's application for Food Assistance Program (FAP) and Medical Assistance (MA) benefits?

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 Food Assistance Program (FAP) and Medical Assistance (MA) benefits.
2. On January 28, 2015, the Department sent the Claimant a Health Care Coverage Supplemental Questionnaire (DHS-1004) with a due date of February 9, 2015.
3. On February 26, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) with a due date of March 9, 2015.
4. The Department extended the deadline for returning the required verification documents to March 26, 2015.
5. On March 26, 2015, the Department notified the Claimant that it had denied her application for Food Assistance Program (FAP) and Medical Assistance (MA) benefits for failure to provide the Department with information necessary to determine her eligibility to receive benefits.

6. On March 23, 2015, the Department received the Claimant's request for a hearing protesting the denial of Food Assistance Program (FAP) and Medical Assistance (MA) benefits.
7. The Department received the Claimant's Health Care Coverage Supplemental Questionnaire (DHS-1004) on March 23, 2015.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (October 1, 2014), p 5.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (October 1, 2014), pp 1-9.

In this case, the Claimant applied for Medical Assistance (MA) and Food Assistance Program (FAP) benefits. On January 28, 2014, the Department sent the Claimant a Health Care Coverage Supplemental Questionnaire (DHS-1004) with a due date of February 9, 2015. On February 26, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) with a due date of March 9, 2015. When the Claimant requested additional time to locate and submit the information requested by

the Department, the Department extended the deadline to March 26, 2015. When the Department did not receive all the information necessary to determine the Claimant's eligibility for benefits by the final due date it denied the Claimant's application for assistance.

The Claimant testified that she suffers from severe agoraphobia and was unable to comply with the Department's requests for material even with the extended deadline.

Department policy requires that that all the criteria used to determine eligibility for benefits must be verified by the applicant. The Department is required to either approve or deny an application for assistance within its standard of promptness. In this case, the Department extended the time for the Claimant to submit the required material but denied the application when the extended deadline was missed.

Based on the evidence and testimony available during the hearing, this Administrative Law Judge finds that the Claimant failed to provide the Department with information necessary to accurately determine her eligibility for benefits and that the Department was merely applying its policies when it denied the Claimant's application.

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 denied the Claimant's application for assistance for failure to provide the Department with information necessary to determine her eligibility to receive benefits.

DECISION AND ORDER

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



Kevin Scully
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **6/10/2015**

Date Mailed: **6/10/2015**

KS/las

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:

