

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

**IN THE MATTER OF:**

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

Reg. No.: 15-001928 & 15-002202  
Issue Nos.: 1002, 2002  
Case No.: ██████████  
Hearing Date: March 19, 2015  
County: Wayne (35-Redford)

**ADMINISTRATIVE LAW JUDGE:** Michael J. Bennane

**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 March 19, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) include ██████████ ██████████ ██████████  
██████████

**ISSUE**

Did the Department properly close Claimant's Family Independence Program (FIP) benefits case and deny Claimant's Medical Assistance (MA) application?

**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 was an ongoing recipient of MA and FIP benefits.
2. On September 16, 2014, the Department sent Claimant a redetermination form requesting various pieces of information.
3. On November 17, 2014, the Department sent Claimant a verification checklist requesting documentation of Claimant's residential address by December 1, 2014.
4. On January 28, 2015, the Department sent Claimant a Health Care Coverage Determination Notice informing Claimant that she was not eligible for MA benefits for failure to verify information.

5. On January 15, 2015, Department sent Claimant a notice of case action informing her that her FIP benefits were scheduled to be closed effective February 1, 2015.
6. On January 27, 2015, Claimant requested a hearing to protest the pending closure of her FIP benefits.
7. On February 6, 2015, Claimant requested a hearing to protest the denial of her MA benefits.

### **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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101 to .3131.

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 Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

At the hearing, the Department testified and stated, "Claimant has to have a residential address and not a PO Box to receive FIP benefits."

This statement is not based on Departmental policy. In the instant case, the Department was well aware of Claimant's residence issues.

Claimant testified that she was living with her sister but that she was having continued problems getting her mail. To help alleviate this problem, Claimant opened a PO Box only to be told that a PO Box would not be accepted in lieu of a residential address.

Department policy addresses recipient's residential addresses quite clearly.

### **MA**

Department policy states:

**Medicaid Only**

Verification of residence is not needed. BAM 220 (July 2014), p. 7.

**FIP**

According to Department policy, a person is a resident if **all** of the following apply:

- Is not receiving assistance from another state.
- Is living in Michigan, except for a temporary absence.
- intends to remain in the state permanently or indefinitely.

(BAM 220, July, 2014) p.1.

Claimant met all three of these conditions. Departmental policy continues to address residence by stating:

Verify the individual's address, unless homeless. BAM 220 (July 2014), p.6.

Here, the Department was well aware of Claimant's problems receiving her mail. In fact, because of those problems, the Department was also aware that Claimant paid for a PO Box so she could be assured of receiving her mail.

Department policy defines homeless as follows:

A **homeless person** is an individual who lacks a fixed and regular nighttime dwelling **or** whose temporary night time dwelling is one of the following:

- Supervised private or public shelter for the homeless.
- Halfway house or similar facility to accommodate persons released from institutions.
- Home of another person....

BAM 220, p. 2.

Once again, the Department was aware that Claimant was living with her sister.

**Lack of a permanent dwelling or fixed mailing address does not affect an individual's state residence status. Assistance cannot be denied solely because the**

**individual has no permanent dwelling or fixed address.**  
BAM 220, p.8 (emphasis added).

Department policy obviously does not restrict the Department from accepting documentation only of a "residential mailing address." BAM 220, p.7.

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 .
- did not act in accordance with Department policy when it closed Claimant's FIP benefits and denied the Claimant's MA application.
- failed to satisfy its burden of showing that it acted in accordance with Department policy when it .


### **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. Reregister and process Claimant's FIP application retroactively back to February 1, 2015, and supplement for missed benefits.
2. Reinstate Claimant's MA benefits retroactively back to March 1, 2015, and supplement for missed benefits.

  
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**Michael J. Bennane**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **3/30/2015**

Date Mailed: **3/30/2015**

MJB / pf

**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: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]