

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-007549
Issue No.: 5002
Case No.: [REDACTED]
Hearing Date: July 15, 2015
County: Van Buren

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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; and Mich Admin Code, R 792.11002. After due notice, an in-person hearing was held on July 15, 2015, from Hartford, Michigan. Claimant personally appeared and testified. Participants on behalf of the Department of Health and Human Services (Department) included Assistance Payment Supervisor [REDACTED] and Assistance Payment Worker [REDACTED].

ISSUE

Whether the Department properly denied Claimant's State Emergency Relief (SER) application based on failure to verify co-pay from the [REDACTED]?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On March 10, 2015, Claimant applied for State Emergency Relief (SER) benefits for assistance in paying her electric and [REDACTED] utility bill. (Dept. Ex A, pp 1-19).
2. On March 19, 2015, the Department mailed Claimant a State Emergency Relief Decision Notice indicating her total copayment was \$251.92, of which she had met \$ [REDACTED] but still had a shortfall of \$ [REDACTED]. The Notice gave Claimant until April 8, 2015 to provide verification of the payment of \$ [REDACTED] before DHS would authorize the payment of \$ [REDACTED] for her electric bill and \$ [REDACTED] for [REDACTED] (Dept. Ex A, p 20-22).
3. On March 25, 2015, Claimant applied for assistance with her utilities copayment through the [REDACTED]. The [REDACTED]

█████ Advisement Agreement for Utilities indicates that Claimant has three days to make her payment of \$█████ and once this payment is physically verified, the ██████ would contribute towards the copayment.

4. On April 1, 2015, the Assistance Payment Worker emailed ██████ asking if ██████ had received any pledges on behalf of Claimant. (Dept. Ex A, p 23).
5. On April 8, 2015, the Assistance Payment Worker received an email from the ██████ indicating they had had no contact with Claimant.
6. Claimant submitted a hearing request on May 5, 2015, protesting the denial of SER benefits. (Request for Hearing).

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 State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Department of Human Services) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001-.7049.

Department policy states that clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105, p 9 (7/1/2015). This includes completion of the necessary forms. BAM 105, p 9. Clients must completely and truthfully answer all questions on forms and in interviews. BAM 105, p 9. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105, p 10. Clients must take actions within their ability to obtain verifications. BAM 105, p 12. The Department must assist when necessary. BAM 105, p 12. The local office must assist clients who ask for help in completing forms or gathering verifications. BAM 105, p 14. Particular sensitivity must be shown to clients who are illiterate, disabled or not fluent in English. BAM 105, p 14.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (7/1/2015). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130, p 1. The Department uses the Verification Checklist, DHS-3503, to tell the client what verification is required, how to obtain it and the due date. BAM 130, p 3. The client must obtain the required verification, but the Department must assist if they need and request help. BAM 130, p 3.

A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the Department. BAM 130, p 6. The Department sends a negative action notice when 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, p 7.

In this case, Claimant credibly testified that she applied at the [REDACTED] [REDACTED] for assistance with her utility copayments on March 25, 2015. The Department explained that the [REDACTED] Agreement presented by Claimant during the hearing was actually in regards to a previous SER application which Claimant did not dispute.

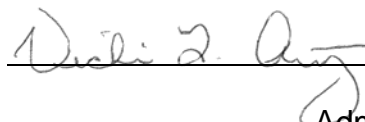
Claimant contends that if the Department had returned her telephone calls or listened to the voice mails she left them, the Department would have known she was working with the [REDACTED], not the [REDACTED]. The Department stated it had no information that Claimant was working with the [REDACTED]. The Department also indicated that [REDACTED] never received any monies from the [REDACTED] and the copayment was therefore not met, which is why the SER application was denied.

Reviewing the documentation, it is clear Claimant did not meet the 3-day time frame of the [REDACTED] Advisement Agreement and the [REDACTED] did not make the copayment.

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 Claimant's request for assistance with her utilities because the Department did not receive the copayment for the SER application.

DECISION AND ORDER

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



Vicki Armstrong
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **8/3/2015**

Date Mailed: **8/3/2015**

VLA/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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

