

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
013090**

IN THE MATTER OF:

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██████████████████████████████

Reg. No.: 15-013090
Issue No.: 6002
Case No.: ██████████
Hearing Date: September 23, 2015
County: Oakland (3)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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, an in-person hearing was held on September 23, 2015, from Southfield, Michigan. Participants included the above-named Claimant. Participants on behalf of the Michigan Department of Health and Human Services (MDHHS) included ██████████, specialist, and ██████████, manager.

ISSUE

The issue is whether MDHHS properly denied Claimant's Child Development and Care (CDC) application due to Claimant's failure to sign a Child Development and Care Provider Verification (DHS-4025).

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 May 11, 2015, Claimant applied for CDC benefits.
2. On May 14, 2015, MDHHS mailed Claimant a Verification Checklist (VCL) (Exhibits 1-2) requesting various items including a completed DHS-4025.
3. On an unspecified date, Claimant returned all requested documents, including a DHS-4025, though the DHS-4025 did not include Claimant's signature.
4. On June 19, 2015, MDHHS denied Claimant's application due to Claimant's failure to sign the DHS-4025.

5. On July 17, 2015, Claimant requested a hearing to dispute the denial of CDC benefits.

CONCLUSIONS OF LAW

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. MDHHS administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020. MDHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Claimant requested a hearing to dispute a denial of CDC benefits. MDHHS presented a Notice of Case Action dated June 19, 2015, which stated the basis of denial was Claimant's failure to timely verify provider/care arrangement and/or verification of employment need. MDHHS testimony conceded that the only basis for denial was the absence of Claimant's signature on a DHS-4025.

[MDHHS is to] use the DHS-3503, Verification Checklist, to inform the client of what verifications are needed at application and redetermination. BEM 702 (August 2014), p. 1. The client is allowed a full 10 calendar days from the date verification is requested (the date of request is not counted) to provide the requested information. *Id.* If requested, at least one extension must be given if the client cannot provide the verification despite a reasonable effort. *Id.* For active cases, Bridges will allow timely notice if verifications are not returned. *Id.*

The following is required prior to opening CDC on Bridges: applicant identity, client address, grantee social security number, alien status for each child needing care, need for CDC, countable income (if CDC income eligible group), and that the client is using an enrolled and eligible provider. *Id.* [MDHHS is also to] verify the children in care, the date care began, where care is provided and the provider's relationship to the children with the DHS-4025, Child Development and Care Provider Verification. *Id.*

MDHHS presented the VCL mailed to Claimant (see Exhibits 5-6). Claimant's specialist added the following statement to the VCL, "THE DHS-4025 MUST BE THOROUGHLY COMPLETED AND SIGNED BY YOU AND THE PROVIDER." It was not disputed that Claimant returned the DHS-4025 (see Exhibits 3-4) and that the form did not include Claimant's signature. Claimant testimony conceded she overlooked the signature requirement.

Claimant testified she called MDHHS on June 2, 2015. Claimant testified that the call was prompted after she saw online that MDHHS did not acknowledge receipt of her returned DHS-4025. Claimant testified that she left a voicemail message for her worker

asking what was wrong with the form. Claimant's specialist's testimony did not dispute Claimant's testimony. Claimant's specialist also conceded that she did not respond to Claimant's inquiry until after Claimant's CDC application was denied. Claimant testified she did not call her specialist again until June 23, 2015, after Claimant received the written notice of denial.

For all programs, the client must obtain required verification, but the local office must assist if they need and request help. BAM 130 (October 2014), p. 3. Generally, this policy is applicable for clients that are unable to obtain requested verifications. The policy is also applicable to inquiries concerning verifications.

Claimant's telephone call from June 2, 2015, equated to a request for assistance. Had MDHHS assisted Claimant by informing her that she needed to sign the DHS-4025, Claimant would have likely complied.

It is found that MDHHS failed to assist Claimant with returning verifications by failing to return Claimant's telephone inquiry. Accordingly, the denial of Claimant's CDC application is found to be improper.

The general remedy to a failure to assist is for MDHHS to reprocess a claimant's application subject to assisting the claimant. In the present case, no such assistance is needed as Claimant already submitted an updated DHS-4025 after her application was denied.

DECISION AND ORDER

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS improperly denied Claimant's application for CDC benefits. It is ordered that MDHHS perform the following actions:

- (1) re-register Claimant's application dated May 11, 2015; and
- (2) initiate processing of Claimant's application subject to the finding that MDHHS failed to assist Claimant with submitting verifications and that Claimant has already complied with returning a completed DHS-4025.

The actions taken by MDHHS are **REVERSED**.



Christian Gardocki

Administrative Law Judge
for Nick Lyon, Director

Department of Health and Human Services

Date Signed: **9/28/2015**

Date Mailed: **9/28/2015**

GC/tm

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