



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: October 10, 2016
MAHS Docket No.: 16-012932

[REDACTED]
[REDACTED]

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

HEARING DECISION

Following Petitioner'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, a telephone hearing was held on October 6, 2016, from Lansing, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by [REDACTED] FIM. [REDACTED] Eligibility Specialist also testified for the Department. Department Exhibit 1, (pp.1-12) was admitted into evidence.

ISSUE

Did the Department properly close Petitioner's Food Assistance Program, Medical Assistance and Medicare Cost Share Program benefits for failing to return verifications?

FINDINGS OF FACT

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

1. Petitioner was a recipient of Food Assistance, Medical Assistance and Medicare Cost Share benefits.
2. Petitioner submitted redetermination forms on July 28, 2016.(Dept. Ex.1, pp.1-6)
3. A verification checklist was sent to Petitioner on July 29, 2016, with an August 8, 2016 due date. (Dept. Ex. 1, pp.7-8)

4. On August 19, 2016, Notice of Case Action was sent to Petitioner informing him that FAP, MA and Medicare Cost Share would close effective September 1, 2016, because verifications were not received. (Dept. Ex. 1, pp.10-12)
5. On September 8, 2016, Petitioner requested hearing, contesting the closure of FAP, MA and Medicare Cost Share benefits.
6. Petitioner testified that he was “not sure” if he received the verification checklist sent on July 29, 2016.
7. Petitioner confirmed that the address where the verification checklist was sent was correct and was the address where the notice of case action was sent that he did receive.

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.

Timeliness of Verifications

FIP, SDA, Child Development and Care (CDC), FAP

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification that is requested.

CDC Only

If the client cannot provide the verification despite a reasonable effort, extend the time limit at least once.

At redetermination, if a signed DHS-1010 or application is received, generate a VCL and allow 10 calendar days for the client to provide the verifications. If the verifications are not returned or are returned as incomplete, two 10 calendar day extensions must be given, sending VCLs after each verification due date. Clients are not required to request the extensions.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day.

Send 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

In this case, Petitioner was sent a verification checklist on July 29, 2016, requesting verification of “earned income payment”. Petitioner testified at hearing that he was “not sure” if he received the verification checklist and that he may have misplaced it. Petitioner confirmed that the checklist was sent to his correct address and that he received other mailings from the Department at that address. The Department received no response from Petitioner within 10 days of the verification checklist being sent as required by Department policy. Petitioner made no reasonable effort to provide required verifications requested of him. Therefore, the Department’s determination to close FAP, MA and Medicare Cost Share for failing to return verifications was proper and correct. BAM 130

DECISION AND ORDER

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 closed Petitioner’s FAP, MA, and Medicare Cost Share benefits for failing to return verifications.

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



Aaron McClintic

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

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