

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013-28812
Issue Nos.: 2000, 3015
Case No.: [REDACTED]
Hearing Date: March 11, 2013
County: Wayne (57)

ADMINISTRATIVE LAW JUDGE: Jan Leventer

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on March 11, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and witness [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly deny Claimant's application close Claimant's case for:

- | | |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)? | <input type="checkbox"/> Adult Medical Assistance (AMP)? |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> Child Development and Care (CDC)? |

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 applied for benefits received benefits for:

- | | |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP). | <input type="checkbox"/> Adult Medical Assistance (AMP). |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP). | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input checked="" type="checkbox"/> Medical Assistance (MA). | <input type="checkbox"/> Child Development and Care (CDC). |

2. On February 1, 2013, the Department
 denied Claimant's application closed Claimant's case due to lack of income and asset information from the Claimant.
3. On January 2, 2013, the Department sent
 Claimant Claimant's Authorized Representative (AR)
notice of the denial. closure.
4. On February 7, 2013, Claimant filed a hearing request, protesting the
 denial of the application. closure of the case.

CONCLUSIONS OF LAW

Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) program] is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3001 through Rule 400.3015.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

Additionally, the Department's Bridges Administrative Manual (BAM) 130, "Verification and Collateral Contacts," is the Department policy that is applicable in this case. Department of Human Services Bridges Administrative Manual (BAM) 130 (2012). BAM 130 requires the Claimant to verify income and expenses. In this case the Department closed Claimant's FAP benefits because it received no response to its request for current income and asset verification.

The Department's request for information, which is called a Redetermination, was mailed to Claimant December 11, 2012, and scheduled her for a telephone interview with the Department on January 2, 2013. Dept. Exh. 1, p. 4.

Claimant testified that on Tuesday, December 18, 2012, she was discharged from the hospital, and received the Redetermination form upon her return home. She testified that although she had a dialysis appointment on Wednesday, January 2, 2013, she failed to call the Department in advance to reschedule her telephone appointment. Claimant could not explain her failure to do so.

Claimant further explained that she showed all her mail to her housekeeper, [REDACTED]. However, [REDACTED] testified at the hearing that she first saw the Redetermination in 2013, after Claimant's benefits were terminated.

The Claimant's testimony is insufficient to establish that she provided the Department with the necessary income and asset information it requested. Without current information it is impossible for the Department to determine eligibility and benefit level. As the Department cannot determine benefits without actual income and asset numbers, it is found and determined that the Department acted correctly in terminating Claimant's FAP benefits. The Department is affirmed.

Also in this case, Claimant requested a hearing to dispute the Department's action regarding Medicaid. Shortly after commencement of the hearing, Claimant testified she now understood and accepted the action taken by the Department. Claimant also testified she did not wish to proceed with a hearing about the Medicaid issue. The Department agreed to the dismissal of the Medicaid portion of Claimant's hearing request. Pursuant to Michigan Administrative Code Rule (MAC R) 400.906(1), Claimant's hearing request regarding Medicaid is hereby DISMISSED.

Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department

properly denied Claimant's application improperly denied Claimant's application
 properly closed Claimant's case improperly closed Claimant's case

for: AMP FIP FAP MA SDA CDC.

Also, upon Claimant's unopposed request, her Medicaid dispute shall be dismissed pursuant to MAC R 400.906(1).

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department
 did act properly. did not act properly.

Accordingly, the Department's AMP FIP FAP MA SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record.

IT IS FURTHER ORDERED with regard to the issue of Medicaid, Claimant's request for a hearing on this issue is DISMISSED pursuant to MAC R 400.906(1).



Jan Leventer
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: March 11, 2013

Date Mailed: March 11, 2013

NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

JL/tm

cc:

