

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014593
Issue No.: [REDACTED]
Case No.: [REDACTED]
Hearing Date: October 29, 2013
County: Macomb

ADMINISTRATIVE LAW JUDGE: Gary F. Heisler

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 October 29, 2013, from Lansing, Michigan. Participants on behalf of Claimant included herself and her significant other, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

ISSUE

Did the Department of Human Services properly end Claimant's Medical Assistance (MA) and Food Assistance Program (FAP) benefits on October 1, 2013?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant was an ongoing recipient of Medical Assistance (MA) and Food Assistance Program (FAP) benefits.
2. On July 16, 2013, Claimant was sent a Redetermination Form (DHS-1010) regarding Medical Assistance (MA) eligibility.
3. On July 29, 2013, Claimant returned the Medical Assistance (MA) Redetermination Form (DHS-1010). On the form Claimant noted that [REDACTED] was self-employed making [REDACTED] per week and that he had received [REDACTED] of inheritance from his mother's estate.

4. On August 1, 2013, Claimant was sent a Semi-Annual Contact Report (DHS-1046) regarding Food Assistance Program (FAP) benefits. The form state that the household's gross income for purposes of Food Assistance Program (FAP) benefits was [REDACTED] and asks if the household's income has changed from that by more than [REDACTED]. Claimant replied no.
5. On August 29, 2013, Claimant returned the Semi-Annual Contact Report (DHS-1046). Claimant was sent a Verification Checklist (DHS-3503) requesting verification of Mr. Kaufman's self-employment income for determining Medical Assistance (MA) and Food Assistance Program (FAP) eligibility. The required verifications were due on September 9, 2013.
6. On September 11, 2013, the Department had not received all the required verifications. The Department sent Claimant a Notice of Case Action (DHS-1605) which stated Claimant's Medical Assistance (MA) would end on October 1, 2013.
7. On September 23, 2013, Claimant filed a hearing request. Claimant requested a hearing about both MA and Food Assistance Program (FAP) benefits. Claimant had received a notice from the department that her Food Assistance Program (FAP) benefits were at risk of ending.
8. On September 30, 2013, Claimant's Food Assistance Program (FAP) benefits ended.

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), and Department of Human Services Reference Tables Manual (RFT).

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

The Department requested three months verification of Mr. Kaufman's self-employment income for use in determining Medical Assistance (MA) and Food Assistance Program (FAP) eligibility. During this hearing both Claimant and Mr. Kaufman testified that they sent their June bank statement as verification of the income. One month's bank statement is not sufficient verification for three months of self-employment income.

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 ended Claimant's Medical Assistance (MA) and Food Assistance Program (FAP) benefits on October 1, 2013.

DECISION AND ORDER

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

/s/
Gary F. Heisler
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 11/04/2013

Date Mailed: 11/04/2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

2014593/GFH

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 48909-07322

GFH/sw

cc:

