

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

**IN THE MATTER OF:**



Reg. No.: 14-001778  
Issue No.: 2007; 3002  
Case No.: [REDACTED]  
Hearing Date: June 4, 2014  
County: Kent-District 1

**ADMINISTRATIVE LAW JUDGE:** Michael S. Newell

**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 June 4, 2014, from Lansing, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] and [REDACTED].

**ISSUE**

Did the Department properly deny Claimant's MA application?

Did the Department properly calculate Claimant's FAP benefits?

**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 April 11, 2014, Claimant applied for FAP and MA
2. On April 15, 2014, the Department denied Claimant's MA application in error.
3. On May 1, 2014, Claimant requested a hearing.
4. On May 9, 2014, the Department approved HMP effective May 1, 2014.
5. The Department has issued a help ticket to address Claimant's MA from April 1, 2014 to April 30, 2014.
6. The Department stipulated that Claimant qualifies for "zero deductible" HMP from April 1, 2014.

7. On a date unknown to the Department during the hearing, the Department decreased Claimant's FAP from \$ [REDACTED] to \$ [REDACTED] per month.
8. The Department did not know the effective date of such change or when the Notice went out.
9. On April 11, 2014, Claimant notified the Department that her son was no longer a student.
10. The worker testified that Claimant was sent a verification checklist regarding the student status issue but did not know when.
11. The Department did not provide any verification checklist for the hearing.
12. Claimant requested hearing on May 1, 2014.

### **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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

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.

Additionally, because the Department agreed that it had denied MA in error and that Claimant qualified for zero-deductible HMP from April 1, 2014, this relief is ordered.

Regarding the FAP issue, the Department was not reasonably prepared to address this issue, which must be reversed. The Department stated that Claimant's son should be included in the FAP group and has not established that it acted properly in response to this information.

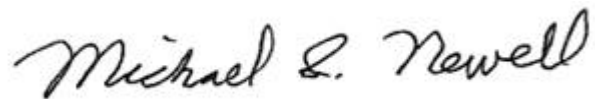
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied Claimant's MA application and decreased FAP.

**DECISION AND ORDER**

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Place Claimant on zero deductible HMP from April 1, 2014
2. Expedite the ticket request made on May 9, 2014 if necessary.
3. Request verifications from Claimant, in accordance with policy, regarding the student status of Claimant's son if the Department takes the position that he is ineligible due to student status..
4. Redetermine FAP from the effective date of the decrease in benefits.
5. Provide Claimant notice of such changes to MA and FAP in accordance with policy.
6. Provide Claimant with any supplemental benefits in accordance with policy.



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Michael S. Newell  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **6/13/2014**

Date Mailed: **6/13/2014**

MSN/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 party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (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 48909-07322

cc:

