

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 14-009921  
Issue Nos.: 2000, 3001  
Case No.: ██████████  
Hearing Date: September 15, 2014  
County: Wayne (57-Conner)

**ADMINISTRATIVE LAW JUDGE:** Alice C. Elkin

**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, telephone hearing was held on September 15, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████  
██████████

**ISSUE**

Did the Department properly close Claimant's Food Assistance Program (FAP) case?

Did the Department properly close Claimant's daughter's Medical Assistance (MA) case effective July 1, 2014?

**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 was a recipient of FAP benefits and her daughter ██████████ received MA benefits.
2. On June 19, 2014, the Department sent ██████████ a Health Care Coverage Client Determination Notice (HCCC Notice) notifying her that her MA case would close effective July 1, 2014.
3. On July 3, 2014, the Department sent Claimant a New Hire Client Notice requesting information concerning ██████████ employment with ██████████ ██████████ (Employer).

4. On July 31, 2014, the Department sent Claimant a Notice of Case Action closing her FAP case effective September 1, 2014, for failure to verify requested information.
5. On August 7, 2014, Claimant filed a hearing request, protesting the Department's actions concerning her FAP case and her daughter's MA case.

### **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).

#### **Daughter's MA Case**

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 Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Claimant requested a hearing concerning ██████ MA case, particularly concerned about ██████ MA status for expenses incurred during ██████ ██████ ██████ hospitalization. The evidence presented by Claimant showed that, on June 19, 2014, the Department notified ██████ that her MA case was closing. However, on August 22, 2014, the Department notified her that she had active MA coverage for July 1, 2014, to August 31, 2014. Consistent with the notices sent to ██████ the eligibility summary presented by the Department shows that ██████ had MA coverage under the Healthy Michigan Plan (HMP) from May 1, 2014, to August 31, 2014, with the case closing September 1, 2014. Under this evidence, the Department established that it resolved the July 1, 2014, closure of ██████ MA case and she had MA coverage for her ██████ ██████ hospitalization. Therefore, the issue that resulted in Claimant's August 7, 2014 hearing request was resolved by the Department and there was no aggrieved party with respect to the issue of the closure of ██████ case as of July 1, 2014.

While there remained an ongoing issue concerning the September 1, 2014, closure of ██████ case, this issue arose on August 22, 2014, after Claimant's August 7, 2014, request for hearing. Furthermore, Claimant lacks authority to request a hearing concerning this matter. Claimant confirmed that ██████ is 19 years old, and the evidence presented by the parties during the hearing concerning ██████ MA case established that she had her own MA case independent of Claimant. Although Claimant and the Department agreed that Claimant was ██████ authorized representative, there was no evidence that Claimant was her daughter's authorized *hearing* representative.

Therefore, Claimant did not have authority to request a hearing concerning [REDACTED] ongoing MA issue. See BAM 600 (July 2014), p. 2. As such, Claimant's hearing request concerning [REDACTED] ongoing MA benefits is dismissed.

Claimant is advised that, if [REDACTED] disputes the Department's actions concerning her MA case, [REDACTED] may request a hearing and appoint Claimant as her authorized representative if she wishes to have Claimant represent her.

### **FAP Case**

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.

In a July 31, 2014, Notice of Case Action, the Department notified Claimant that her FAP case would close effective September 1, 2014. According to the Department, Claimant's FAP case closed because she failed to submit a completed New Hire Notice concerning [REDACTED] employment with Employer. When the Department becomes aware through its data exchange of information collected by the Michigan New Hire Operations Center that a FAP group member is employed and this employment was not previously reported by the client, the Department is required to send the client a request for verification through a New Hire Notice (DHS-4635). BAM 807 (July 2014), p. 1. If the client fails to respond to a New Hire Notice within ten days, the client's FAP case will close for a minimum of thirty days after the Department takes appropriate actions in its system unless the client returns verifications. BAM 807, p. 2.

In this case, the Department sent Claimant a New Hire Notice on July 3, 2014, requesting information concerning [REDACTED] employment with Employer by July 14, 2014. The Department denied receiving a completed form by the due date. Claimant credibly testified that [REDACTED] completed the document and that she mailed the completed document in the self-addressed envelope included with the Notice prior to the due date. She provided a copy of the form completed by [REDACTED] and signed on July 9, 2014. The Department acknowledged that the New Hire Notice would include a return envelope. The Department worker also testified that, before mail was forwarded to her, it would have to go to the local office's clerical unit. It is further noted that the New Hire Notice identifies the Glendale-Trumbull District as Claimant's local Department office, but that office was closed on May 30, 2014, calling into question whether the return address on the return envelope identified the correct office. Under the evidence presented, Claimant established that she timely responded to the New Hire Notice. Therefore, the Department did not act in accordance with Department policy when it closed Claimant's FAP case.

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 did not act in accordance with Department policy when it closed Claimant's FAP case.

**DECISION AND ORDER**

Claimant's August 7, 2014 hearing request concerning her daughter's MA case is DISMISSED.

The Department's FAP 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. Reinstate Claimant's FAP case effective September 1, 2014;
2. Remove any FAP disqualification applied against Claimant on or about September 1, 2014;
3. Recalculate Claimant's FAP benefits for September 1, 2014 ongoing;
4. Issue supplements to Claimant for FAP benefits she was eligible to receive but did not for September 1, 2014, ongoing; and
5. Notify Claimant in writing of its decision in a DHS-1605, Notice of Case Action.



**Alice C. Elkin**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **9/18/2014**

Date Mailed: **9/18/2014**

ACE / pf

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