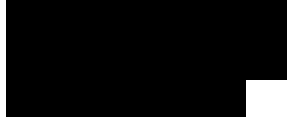


**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**



Reg. No.: 14-011751  
Issue No.: 1007, 2007, 3007  
Case No.:   
Hearing Date: October 09, 2014  
County: GENESEE-DISTRICT 2

**ADMINISTRATIVE LAW JUDGE:** Gary 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 9, 2014, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator

**ISSUE**

Did the Department properly close Claimant's Family Independence Program beginning October 1, 2014?

Did the Department properly close Claimant's granddaughter's Medical Assistance under Claimant?

Did the Department properly reduce Claimant's Food Assistance Program benefits beginning October 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's 12 year old granddaughter, Destiny, lives with Claimant. Claimant is Destiny's legal guardian. Claimant was an ongoing recipient of Family Independence Program benefits due to Destiny. Destiny was an ongoing recipient of Medical Assistance under Claimant's case. Destiny was a member of Claimant's Food Assistance Program benefit group.
2. On August 28, 2014, Claimant reported that her daughter, Destiny's mother, had moved into the household with Claimant and Destiny.
3. On August 28, 2014, Claimant was sent a Notice of Case Action (DHS-1605) which stated her Family Independence Program closed and her Food Assistance Program was reduced to a group of one.

4. On September 4, 2014, Claimant submitted a hearing request.

### **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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101 to .3131.

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 273. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001 to .3015.

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.

During this hearing Claimant testified that her daughter is no longer eligible for Family Independence Program benefits due to exceeding time limits. Bridges Eligibility Manual (BEM) 210 FIP Group Composition (2014) at page 1, states a FIP group cannot contain an adult who has exceeded FIP time limits. At page 12, under legal guardian, BEM 210 states “when a legal guardian is receiving FIP for a child, and the parent of the only eligible child returns to the home, . . . the legal guardian’s FIP will be terminated. If the parent applies and is found eligible for FIP, the legal guardian must be made the protective payee for the parent’s FIP.” Closing Claimant’s Family Independence Program is a correct action.

Bridges Eligibility Manual (BEM) 212 (2014) at page 1, states “parents and their children under 22 years of age who live together must be in the same group.” Unless Claimant’s 26 year old daughter is added to Claimant’s Food Assistance Program case, Destiny is correctly removed from Claimant’s Food Assistance Program.

During this hearing Claimant testified that she was sent a Health Care Coverage Determination Notice (DHS-1606) which stated Destiny’s Medical Assistance closed August 31, 2014. The Modified Adjusted Gross Income (MAGI) Related Eligibility Manual in chapter 5 states that a Healthy Michigan Plan benefit group is based on the

tax dependency rules for both tax filers and non-tax filers. There is no evidence in the record indicating Destiny's tax dependency status.

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 removed Destiny from Claimant's Food Assistance Program and closed Claimant's Family Independence Program beginning October 1, 2014.

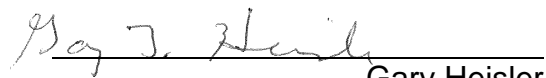
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Claimant's granddaughter's Medical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

### **DECISION AND ORDER**

Accordingly, the Department's decision AFFIRMED IN PART with respect to Family Independence Program and Food Assistance Program benefits and REVERSED IN PART with respect to Medical Assistance benefits.

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. Reevaluate Destiny's tax dependency status and determine the correct Medical Assistance benefit group or program for her.
2. Issue a current notice of Destiny's Medical Assistance eligibility.

  
\_\_\_\_\_  
Gary Heisler  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **10/14/2014**

Date Mailed: **10/14/2014**

GFH/hj

**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:

