

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

**IN THE MATTER OF:**

██████████  
██████████████████  
████████████████████

Reg. No.: 14-014017  
Issue No.: 2000;3001  
Case No.: ██████████  
Hearing Date: January 26, 2015  
County: OAKLAND- (MADISON HTS)

**ADMINISTRATIVE LAW JUDGE: Robert J. Chavez**

**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 January 26, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Family Independence Manager.

**ISSUE**

Did the Department properly close Claimant's Food Assistance Program (FAP) case?  
Did the Department properly close Claimant's Medical Assistance (MA) 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. Claimant was a MA recipient and a FAP applicant.
2. On September 5, 2014, Claimant's FAP benefits were denied due to excess income.
3. On October 1, 2014, Claimant's MA benefits were closed due to Department error.
4. Claimant requested a hearing on the denial and closure of benefits on October 7, 2014.
5. On October 9, 2014, the Department reversed their MA decision, but instituted a deductible.

6. No hearing was requested on the new Department action regarding MA benefits.

### **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 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.

With regard to the MA program, the undersigned notes that the Department action for which the Claimant requested a hearing upon has been reversed by the Department. The undersigned may only hear cases upon that which the Claimant has requested a hearing. Claimant has not requested a hearing regarding a MA deductible, an action that was instituted after the request for hearing. The closure in question is no longer in effect. As such, the action for which Claimant requested a hearing in regards to the MA program is no longer in effect, and any hearing request is moot. The undersigned lacks jurisdiction to hear any other matter with regards to the MA program at this time.

Therefore, Claimant's request for a hearing with regard to the MA program is DISMISSED.

With regards to Claimant's FAP benefits, Claimant's FAP benefits were denied on September 5, 2014, allegedly for excess income.

Unfortunately, the Department has supplied absolutely no evidence on this matter, despite this matter being contained in Claimant's hearing request. With no evidence the undersigned cannot make a determination as to whether the denial was proper or not. As such, the undersigned must rule that the Department has failed to meet its burden of proof with regard to Claimant's FAP benefits, and the action of September 5, 2014 must be reversed.

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 FAP benefits on September 5, 2014.


**DECISION AND ORDER**

Accordingly, the Department's decision is **REVERSED**, with regards to Claimant's FAP benefits.

Claimant's request for hearing with regard to MA benefits is, hereby, **DISMISSED**.

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. Remove the negative action placed on Claimant's FAP case on September 5, 2014, and reprocess Claimant's FAP eligibility accordingly.



**Robert J. Chavez**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **3/4/2015**

Date Mailed: **3/4/2015**

RJC / tm

**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 48909-8139

CC:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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