

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-000908
Issue No.: 2002; 3003
Case No.: [REDACTED]
Hearing Date: February 18, 2015
County: WAYNE-DISTRICT 49

ADMINISTRATIVE LAW JUDGE: Susan C. Burke

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 February 18, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Eligibility Specialist.

ISSUE

Did the Department properly close Claimant's Medical Assistance (MA) and Food Assistance Program (FAP) cases due to failure to provide verification?

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 [REDACTED], the Department issued a Redetermination Notice regarding cash assistance and food assistance, with proofs due by [REDACTED].
2. Claimant returned the Redetermination forms on [REDACTED].
3. Upon the Department receiving Claimant's Redetermination form, Claimant's Department worker informed Claimant verbally that Claimant was to also submit pay stubs.
4. The Department issued a Wage Match Notice on [REDACTED], informing Claimant to submit pay stubs by [REDACTED].
5. Claimant submitted pay stubs to the Department on [REDACTED].

6. The Department closed Claimant's FAP case and MA case on or about [REDACTED].
7. Claimant did not receive a Notice of Case Action regarding the closure of her MA case.
8. Claimant requested a hearing on [REDACTED], protesting the closure of her FAP case and 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), 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.

In the present case, the Department presented no information as to why Claimant's MA case was closed. The Department presented only a Redetermination regarding cash assistance and food assistance. Therefore, it cannot be concluded that the Department satisfied its burden that it acted in accordance with Department policy regarding MA.

BAM 105 (10/2014, p. 1 instructs that clients must cooperate with local office in determining initial and ongoing eligibility. BAM 130 (10/2014), p. 1, states that verification is usually required at application/re-determination and for a reported change affecting eligibility or benefit level. The Department is to tell the client what verification is required, how to obtain it and the due date. *Id.*, p. 3 Verifications are considered to be timely if received by the date they are due. *Id.*, p. 6 At redetermination, FAP clients have until the last day of the redetermination month or 10 days, whichever is later, to provide verification.

The Department presented a Redetermination notice which showed that proofs were due by October 6, 2014. The Department witness testified that Claimant did submit the Redetermination form in a timely manner. The Department witness further testified that

she believed that upon the Department's receipt of the Redetermination form, she verbally told Claimant that in addition to the Redetermination form, Claimant was required to submit pay stubs. On [REDACTED] the Department issued a Wage Match Notice requiring Claimant to submit pay stubs by [REDACTED]. Claimant submitted pay stubs on [REDACTED].

Claimant testified that she thought the deadline for the pay stubs submission was [REDACTED], which deadline is consistent with the Wage Match Notice. It is logical to conclude that the Department's issuance of the Wage Match Notice confused Claimant regarding the time requirements of submission of her pay stubs. It is not concluded, therefore, that Claimant refused to cooperate with the Department as required by BAM 105.

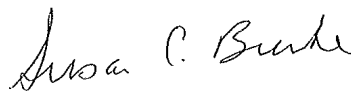
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy.

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. Reinstate Claimant's MA and FAP cases, effective on the date of closure, on or about [REDACTED], and ongoing.
2. Issue FAP supplements for any missed payment.



Susan C. Burke
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/19/2015**

Date Mailed: **2/19/2015**

SCB / hw

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:

