

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

IN THE MATTER OF:

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████████████████████

Reg. No.: 15-000753
Issue No.: 3001, 5000, 2001
Case No.: ██████████
Hearing Date: February 12, 2015
County: WAYNE-15 (GREYDALE)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 February 12, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist.

ISSUE

Did the Department properly deny the Claimant's application for Food Assistance due to his receipt of benefits from another state at the time of the application?

Did the Department properly deny the Claimant's application for Medical Assistance?

Did the Department properly deny the Claimant's application for SER for home repairs and electric bill assistance?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant applied for Food Assistance on December 30, 2014 and was denied by the Department due to receipt of benefits from the state of Iowa at the time of the application.
2. The Department issued a Notice of Case Action dated January 10, 2015 denying the FAP application for the reason household members received same program benefits in another state for the benefit period.

3. On January 12, 2015, the Claimant provided the Department a copy of a letter from the state of Iowa indicating that the Claimant's FAP benefits were closed as of July 20, 2014 and were cancelled beginning September 1, 2014, because you do not live in Iowa. Exhibit A.
4. The Department did not present any evidence regarding the basis for its determination that at the time of the Claimant's application on December 30, 2014, the Claimant was receiving benefits from the state of Iowa.
5. On January 2, 2014, the Department issued a Health Care Determination Notice which denied the Claimant's application for medical assistance effective December 1, 2014.
6. On January 12, 2014, the Claimant/Claimant's Authorized Hearing Representative (AHR) filed a timely hearing request, protesting the Department's action.

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).

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.

Additionally, as regards Food Assistance, the issue in this case is whether the Department properly denied the Claimant's Food Assistance Application due to his alleged receipt of FAP benefits from the state of Iowa at the time of the application. The Department presented no basis for its determination that the Claimant was receiving benefits from Iowa at the time of his application, and thus did not meet its burden of proof. This finding is also based upon the Claimant's presentation to the Department a letter on official Iowa letterhead indicating that Claimant's Iowa benefits for food assistance closed September 1, 2014. Exhibit A. In addition BAM 115 provides:

All Programs

The following applies when an application is denied **or** eligibility is terminated before the month of a scheduled redetermination or end date:

- The application on file remains valid through the last day of the month **after** the month of the denial or termination. To reapply during this time, the client/AR must do all of the following:
 - Update the information on the existing application.
 - Initial and date each page next to the page number to show that it was reviewed.
 - Re-sign and re-date the application on the signature page.
 - If eligibility exists, the updated application is valid until the originally scheduled redetermination or end date. BAM 115, (1/1/15) pp. 6-7.

As regards the Claimant's application filed December 30, 2014 for SER assistance for home repairs and utility assistance, the Department denied the application for home repairs as no estimates were provided as requested by the Department. As regards the utilities (electrical), the Claimant's shortfall exceeded the need amount, therefore the Claimant was not eligible; thus, the Department was not obligated to provide SER benefits to the Claimant and correctly denied the SER application. At the hearing, the Claimant conceded that the Department's denial of his SER application was correct and withdrew his SER hearing request on the record.

The Claimant applied for Medical Assistance on December 30, 2014 and was denied by the Department on January 2, 2015, effective December 1, 2014 due to failure to provide requested verifications. The Department received verification within 60 days of the application and therefore agreed to reinstate the Claimant's application for medical assistance. It is also noted that the Health Care Determination Notice provided at the hearing denied the Claimant's medical assistance for a different reason, because he was not under 21, pregnant or a caretaker of minor child and/or not disabled. Exhibit C

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 meet its burden of proof to demonstrate that the Claimant was receiving FAP benefits from Iowa at the time of his December 30, 2014 application.

The Department correctly denied the Claimant's SER applications and Claimant has withdrawn his hearing request regarding the SER denial of electric assistance and home repairs.

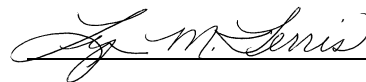
Lastly, the Department received verifications regarding the Claimant Medical Assistance as verification were provided on January 12, 2014, and is required to re-register the application.

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. The Department is ordered to re-register the Claimant's December 30, 2014 FAP application and process the application to determine eligibility.
2. The Department shall issue a FAP supplement from the December 30, 2014 ongoing, if the Claimant is deemed otherwise eligible in accordance with Department policy.
3. The Department shall re-register the Claimant's Medical Assistance application and process the application and determine eligibility as of the date of the application.



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

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

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

LMF / 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]