

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

**IN THE MATTER OF:**



Reg. No.: 15-002898  
Issue No.: 2002, 3002  
Case No.: [REDACTED]  
Hearing Date: April 01, 2015  
County: BERRIEN (DISTRICT 22)

**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 April 1, 2015, from Lansing, Michigan. Participants on behalf of Claimant included himself. Participants on behalf of the Department of Human Services (Department) included Assistance Payment Worker [REDACTED] and AP Supervisor [REDACTED].

**ISSUE**

Did the Department properly close Claimant's Food Assistance Program on January 31, 2015?

Did the Department properly close Claimant's Medical Assistance Program on April 1, 2015?

**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 an ongoing recipient of Medical Assistance and Food Assistance Program benefits.
2. On January 6, 2015, Claimant submitted a Redetermination (DHS-1010) for his Food Assistance Program. Claimant reported a change of employment and that his spouse no longer had a checking account.
3. On January 7, 2015, Claimant was sent a Verification Checklist (DHS-3503) requesting verification of the reported changes.
4. On January 15, 2015, Claimant successfully uploaded verification of his loss of employment.
5. On January 31, 2015, the Department had not received verification of Claimant's new employment income of closure of his spouse's bank account. Claimant's Food

Assistance Program eligibility re-determination could not be completed so his Food Assistance Program benefits ended.

6. On February 10, 2015, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606) which stated his Medical Assistance would end April 1, 2015 for failure to provide required verifications.
7. On February 19, 2015, Claimant submitted a hearing request.
8. On March 27, 2015, Claimant successfully uploaded an evidence packet which included his income verification from the new employer.

### **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.

During this hearing, Claimant testified that he uploaded all the required verifications on January 15, 2015. The Department's Electronic Case File Record (Page 10) shows that only three documents were successfully uploaded that day. Regardless of Claimant's effort to provide the required verification, the Department did not receive the required verifications before January 31, 2015. Closure of Claimant's Food Assistance Program was a correct action.

The Health Care Coverage Determination Notice (DHS-1606) sent to Claimant stated his Medical Assistance would close on April 1, 2015. The evidence in this record shows that he provided income verification on March 27, 2015, before closure of his Medical Assistance. Bridges Administration Manual (BAM) 220 Case Actions, at page 12, states:

## **DELETING A NEGATIVE ACTION**

### **All Programs**

Negative actions must be deleted from Bridges in some situations.

### **Hearing Requests**

Record the hearing request date and complete all required information on the Hearings Restore Benefits screen in Bridges. Then follow Additional Steps to Delete a Negative Action in this section; see BAM 600.

### **Requirement Met Before Negative Action Effective Date**

Enter the information the client provided to meet the requirement that caused the negative action, using the appropriate Bridges screens. Then follow Additional Steps to Delete a Negative Action in this section.

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 closed Claimant's Food Assistance Program on January 31, 2015.

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 Medical Assistance Program on April 1, 2015.

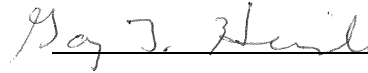
## **DECISION AND ORDER**

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

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. Determine Claimant's Medical Assistance eligibility for April 1, 2014 ongoing using the verified income.

2. Issue Claimant a current Health Care Coverage Determination Notice (DHS-1606) showing the newly determined Medical Assistance eligibility.



Gary Heisler  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **4/8/2015**

Date Mailed: **4/8/2015**

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 48909-8139

CC:

