

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-007334
Issue No.: 2002; 3002; 4001
Case No.: [REDACTED]
Hearing Date: June 18, 2015
County: EATON

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on Thursday, June 18, 2015, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant, her husband, [REDACTED], and her mother, [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], [REDACTED], Hearing Facilitator.

ISSUE

Did the Department properly close the Claimant's Food Assistance Program (FAP) and Medical Assistance (MA) benefits due to the Claimant's failure to provide redetermination 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. The Claimant was a recipient of MA.
2. On January 13, 2015, the Department sent the Claimant a Redetermination Application, DHS 1010, that was due on February 2, 2015. Department Exhibit 9-14.
3. On March 20, 2015, the Department sent the Claimant a denial notice for MA for failure to submit verifications to determine continued eligibility. Department Exhibit 15-18.
4. On April 16, 2015, the Claimant reapplied for FAP and MA. Department Exhibit 23-42.

5. On April 22, 2015, the Department sent the Claimant a Verification Checklist, DHS 3503, that was due on May 4, 2015. Department Exhibit 45-46.
6. On April 22, 2015, the Department sent the Claimant a notice that she had excess income for cash assistance. Department Exhibit 43-44 and 47-50.
7. On April 30, 2015, the Department received a hearing request from the Claimant contesting the Department's action.
8. On May 5, 2015, the Department sent the Claimant a notice that her FAP was closed because she failed to verify bank accounts of savings and checking, loss of employment, self-employment payments, earned income payment, and vehicle ownership for [REDACTED]. Department Exhibit 86-89.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, 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 Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Health and Human Services (formerly known as the Department of Human Services) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

In this case, The Claimant was a recipient of MA. On January 13, 2015, the Department sent the Claimant a Redetermination Application, DHS 1010, that was due on February 2, 2015. Department Exhibit 9-14. On March 20, 2015, the Department sent the Claimant a denial notice for MA for failure to submit verifications to determine

continued eligibility. Department Exhibit 15-18. On April 16, 2015, the Claimant reapplied for FAP and MA. Department Exhibit 23-42. On April 22, 2015, the Department sent the Claimant a Verification Checklist, DHS 3503, that was due on May 4, 2015. Department Exhibit 45-46. On April 22, 2015, the Department sent the Claimant a notice that she had excess income for cash assistance. Department Exhibit 43-44 and 47-50. On April 30, 2015, the Department received a hearing request from the Claimant contesting the Department's action. On May 5, 2015, the Department sent the Claimant a notice that her FAP was closed because she failed to verify bank accounts of savings and checking, loss of employment, self-employment payments, earned income payment, and vehicle ownership for Paul Atchley. Department Exhibit 86-89. BAM 105, 115, 130, 200, 210, and 220. BEM 110,

During the hearing, the Claimant's mother stated that she was her authorized representative previously where she got a copy of everything that the Department sent and was able to assist her daughter in making the Department's deadline. She stated that a letter had been given to the DHS office of the local county. However since her daughter had moved to another county of Eaton, the Claimant's mother was no longer getting a copy of the Department's notices. The Department Caseworker stated that there was no evidence in the case file that the Claimant's mother was listed as an authorized representative for the daughter. The Claimant's mother was given a Verification Checklist, DHS 3503, to provide a copy of the letter given to other county DHS stating that she was an authorized representative. The Claimant's mother failed to submit the verification.

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 the Claimant's FAP and MA for failure to submit the required verifications.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.

Carmen G. Fahie

Carmen G. Fahie
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **7/2/2015**

Date Mailed: **7/2/2015**

CGF/sw

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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

