



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: October 21, 2016  
MAHS Docket No.: 16-013299  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Darryl Johnson

**HEARING DECISION**

Following Petitioner'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 October 13, 2016, from Lansing, Michigan. The Petitioner appeared on her own behalf, along with her husband, [REDACTED]. The Department of Health and Human Services (Department) was represented by Hearings Facilitator [REDACTED] and Eligibility Specialist [REDACTED].

**ISSUE**

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA) in the Healthy Michigan Plan (HMP), and did it properly close Petitioner's Food Assistance Program (FAP) 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. Petitioner was an on-going FAP recipient.
2. After learning that Petitioner had accepted an offer of employment, the Department mailed to Petitioner a Verification Checklist (Exhibit 1 Pages B1-B3) on August 4, 2016, requiring her to have her employment verified by August 15, 2016.
3. On August 19, 2016, the Department mailed to Petitioner a Notice of Case Action and a Health Care Coverage Determination Notice (Pages C1-C3) informing her

that her FAP would be closing effective September 1, 2016, because she had not verified her employment, and that she would have a monthly deductible of \$ [REDACTED] in the HMP.

4. On September 8, 2016, the Department received Petitioner's hearing request, protesting the closure of her FAP and her HMP deductible.

### **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.

In this case, Petitioner told the Department she would be going to work. The Department required her to verify her employment. Petitioner testified that she had only two days to submit the verification, and that she was busy at work from 6:00 AM to 6:00 PM, and did not have time to get her employment verified.

The verification form was mailed on August 4, 2016, and it was due back by August 15, 2016.

Per BAM 130 (7/1/16), p. 7 the Department is to:

“Send a negative action notice when:

“The client indicates refusal to provide a verification, **or**

“The time period given has elapsed and the client has **not** made a reasonable effort to provide it.”

Further guidance is found in BAM 130, p. 4:

“The client must obtain required verification, but you must assist if they need and request help.

“If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If no evidence is available, use your best judgment.”

The issue for FAP is whether the Petitioner provided timely verification in response to the request. Petitioner testified that she received the verification form, but she did not call the Department to ask for help, or even to say that she was having difficulty obtaining the verification. The evidence from the Department indicates the necessary verification was not received by the deadline. Petitioner has not provided any admissible evidence to counter the Department’s evidence.

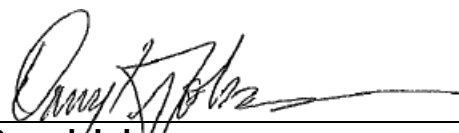
The issue for HMP is whether the Department properly determined her monthly deductible. This is also related to her failure to verify her employment. There was no verification, and the Department, properly determined her deductible based upon the available information.

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 Petitioner’s FAP and determined her HMP deductible.

### **DECISION AND ORDER**

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

DJ/mc



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**Darryl Johnson**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

**DHHS**

[REDACTED]

**Petitioner**

[REDACTED]