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

SHELLY EDGERTON DIRECTOR



Date Mailed: May 1, 2017 MAHS Docket No.: 17-003366 Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Michael Bennane

# **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 April 6, 2017, from Lansing, Michigan. Petitioner was represented by himself. The Department was represented by Hearing Facilitator

## <u>ISSUE</u>

Did the Department properly close Petitioner's Food Assistance Program (FAP) beginning December 1, 2016?

## 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 ongoing recipient of Medical Assistance (MA), Food Assistance Program (FAP) and Child Development and Care (CDC) benefits. His assistance was due for eligibility redetermination by November 30, 2016. His benefit group consisted of himself, his souse and their three children.
- 2. On October 10, 2016, Petitioner was sent a Redetermination (DHS-1010). The Redetermination (DHS-1010) and required proofs were due back to the Department on November 9, 2016.
- 3. On November 30, 2016, Petitioner returned the Redetermination (DHS-1010) but not all required proofs.

- 4. On January 18, 2017, Petitioner was sent a Verification Checklist (DHS-3503) for his Food Assistance Program (FAP). The checklist requested verification of his self-employment income, his wife's earned income and their rent obligation. The verifications were due on January 30, 2017.
- 5. On January 24, 2017, Petitioner submitted insufficient verification of his selfemployment income.
- On February 28, 2017, Petitioner was sent a Notice of Case Action (DHS-1605) which stated that his Food Assistance Program (FAP) was closed from December 1, 2016 ongoing. The notice stated the reason for the closure was Petitioner failure to verify his self-employment income.
- 7. On February 28, 2017, Petitioner was sent a Verification Checklist (DHS-3503) for his Medical Assistance (MA) eligibility requesting verification of his self-employment income. The verification was due on March 10, 2017.
- 8. On March 10, 2017, Petitioner submitted a hearing request.

## 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 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 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.

Bridges Administration Manual (BAM) 210 Redetermination/Ex Parte Review provides:

# FAP TIMELY AND UNTIMELY FILING DATE

# **FAP Only**

#### **Timely Filing Date**

In order to receive uninterrupted benefits (benefits available on his/her scheduled issuance date), the client must file the redetermination through MI Bridges or file either a DHS-1010, Redetermination, DHS-1171, Assistance Application, or a DHS-2063B, Continuing Food Assistance Benefits, by the fifteenth of the redetermination month.

#### **VERIFICATIONS DEADLINE**

## FIP, SDA, CDC and MA

Verifications are due the same date as the redetermination/review interview. When an interview is not required, verifications are due the date the packet is due.

Bridges allows clients a full 10 calendar days from the date the verification is requested (date of request is not counted) to provide all documents and information. If the tenth day falls on a weekend or holiday, the verification would not be due until the next business day.

MAGI Medicaid beneficiaries have 30 calendar days to return the pre-populated renewal form.

Bridges gives timely notice of the negative action if the time limit is not met.

## **FAP Only**

Verifications must be provided by the end of the current benefit period **or** within 10 days after they are requested, whichever allows more time. If the tenth day falls on a weekend or holiday, the verification will not be due until the next business day.

**Note:** The DHS-3503, Verification Checklist, should be sent after the redetermination interview for any missing verifications allowing 10 days for their return.

**Example:** Client returns a complete DHS-1010 on the last day of the benefit period and fails to provide verification of income. Request income verification allowing the client 10 days to return verification.

#### Medical Assistance (MA)

In this case, Petitioner submitted a hearing request about his Medical Assistance (MA) before the Department had made an eligibility determination. The Medical Assistance (MA) portion of Petitioner's hearing request is dismissed for lack of jurisdiction.

#### Food Assistance Program (FAP)

In this case, Petitioner returned the Redetermination (DHS-1010) for his Food Assistance Program (FAP) on the last day of the redetermination month. AS cited above, Petitioner was required to return the Redetermination (DHS-1010) by the fifteenth of the redetermination month in order to receive uninterrupted FAP benefits.

The Department sent Petitioner a Verification Checklist (DHS-3503) on January 18, 2017 with the required Food Assistance Program (FAP) verifications due on January 30, 2017. On January 30, 2017, the Department had not received all required verifications so Petitioner's Food Assistance Program (FAP) eligibility could not be redetermined. The Department's closure of Petitioner's FAP beginning December 1, 2016 was a correct action. 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 Food Assistance Program (FAP) beginning December 1, 2016.

#### DECISION AND ORDER

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

GHforMB

Michael Bennane 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

# Petitioner