



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: [REDACTED] June 7, 2017
MAHS Docket No.: 17-005122
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 [REDACTED], from [REDACTED], Michigan. Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED], [REDACTED], Assistance Payments Supervisor (APS).

ISSUE

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA) and Food Assistance Program (FAP)?

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 a recipient of FAP and MA.
2. On [REDACTED], the Department Caseworker sent Petitioner a New Hire Client Notice, DHS 4635, that was due on [REDACTED], for Petitioner to provide verification of new employment. Department Exhibit 1, pgs. 5-6.
3. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1606, that her MA benefits were cancelled for her household, due to failure to verify employment income effective [REDACTED]. Department Exhibit 1, pgs. 7-9.

4. On [REDACTED], the Department Caseworker sent Petitioner a Semi-Annual Contact Report, DHS 1046, that was due by [REDACTED], to determine continued eligibility for FAP benefits. Department Exhibit 1, pgs. 12-13.
5. On [REDACTED], the Department Caseworker received a completed Semi-Annual Contact Report, DHS 1046, from Petitioner with check stubs. Department Exhibit 1, pgs. 12-15.
6. On [REDACTED], the Department Caseworker sent Petitioner a Notice of Potential FAP Closure, DHS 1046A, that effective [REDACTED] that her FAP benefits would be closed because she failed to provide information and to call her Specialist for additional information. Department Exhibit 1, pg. 17.
7. On [REDACTED], the Department Specialist sent Petitioner a Verification Checklist, DHS 3503, that was due on [REDACTED], for Petitioner to provide written verification of the employment income for the last 30 days. Department Exhibit 1, pgs. 18-19.
8. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action of closing her FAP and MA cases.

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 [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 was a recipient of FAP and MA. On [REDACTED], the Department Caseworker sent Petitioner a New Hire Client Notice, DHS 4635, that was due on [REDACTED], for Petitioner to provide verification of new employment.

Department Exhibit 1, pgs. 5-6. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1606, that her MA benefits were cancelled for her household, due to failure to verify employment income effective [REDACTED]. Department Exhibit 1, pgs. 7-9.

On [REDACTED], the Department Caseworker sent Petitioner a Semi-Annual Contact Report, DHS 1046, that was due by [REDACTED], to determine continued eligibility for FAP benefits. Department Exhibit 1, pgs. 12-13. On [REDACTED], the Department Caseworker received a completed Semi-Annual Contact Report, DHS 1046, from Petitioner with check stubs. Department Exhibit 1, pgs. 12-15. On [REDACTED], the Department Caseworker sent Petitioner a Notice of Potential FAP Closure, DHS 1046A, that effective [REDACTED], that her FAP benefits would be closed because she failed to provide information and to call her Specialist for additional information. Department Exhibit 1, pg. 17. On [REDACTED], the Department Specialist sent Petitioner a Verification Checklist, DHS 3503, that was due on [REDACTED], for Petitioner to provide written verification of the employment income for the last 30 days. Department Exhibit 1, pgs. 18-19. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action of closing her FAP and MA cases. BAM 105, 115, 130, 210, 220, 600, 800, and 807. BEM 105, 137, 500, and 501.

Regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in Mich Admin Code, R 400.901 through R 400.951. Rule 400.903(1) provides as follows:

An opportunity for a hearing shall be granted to an applicant who requests a hearing because [a] claim for assistance is denied or is not acted upon with reasonable promptness, and to any recipient who is aggrieved by a Department action resulting in suspension, reduction, discontinuance, or termination of assistance.

A request for hearing must be in writing and signed by the claimant, petitioner, or authorized representative. Mich Admin Code, R 400.904(1). Moreover, the Department of Human Services Bridges Administrative Manual (BAM) 600, provides in relevant part as follows:

The client or authorized hearing representative has *90 calendar days from the date of the written notice of case action to request a hearing*. The request must be received anywhere in DHS within the 90 days. [Emphasis added.]

During the hearing, the APS stated that Petitioner's hearing request for her MA case is not timely because it was beyond 90 days of the [REDACTED], Notice of Case Action. Petitioner is eligible to reapply for MA benefits.

In addition, Petitioner did not provide a continuous 30 day verification of her check stubs as required to determine continued eligibility for FAP benefits. She provided a check stub for [REDACTED], and [REDACTED]. She was missing a check stub for [REDACTED]. As a result, she did not provide 30 days of income. The Department Caseworker sent her a notice on [REDACTED], and a verification checklist on [REDACTED]. Petitioner was given notice that the Department did not have everything that they needed to determine her continued eligibility. She did not provide the missing pay check or an additional 30 days of employment income and her FAP case was closed on [REDACTED]. Petitioner testified that she provided a duplicate by error. However, Petitioner was sent several written notices to provide the employment income for 30 days and failed to do so. She is eligible to reapply for FAP benefits.

DECISION AND ORDER

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 case because she did not provide the required earned income verification to determine continued FAP eligibility.

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

Petitioner's hearing request was not timely filed within ninety days of the Notice of Case Action and is, therefore, **DISMISSED** for MA for lack of jurisdiction.

CF/bb



Carmen G. Fahie
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]