RICK SNYDER GOVERNOR

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

SHELLY EDGERTON

Date Mailed: June 30, 2017 MAHS Docket No.: 17-005868
Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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; 42 CFR 438.400 to 438.424; 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 _______, from Detroit, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by _______, Hearing Facilitator.

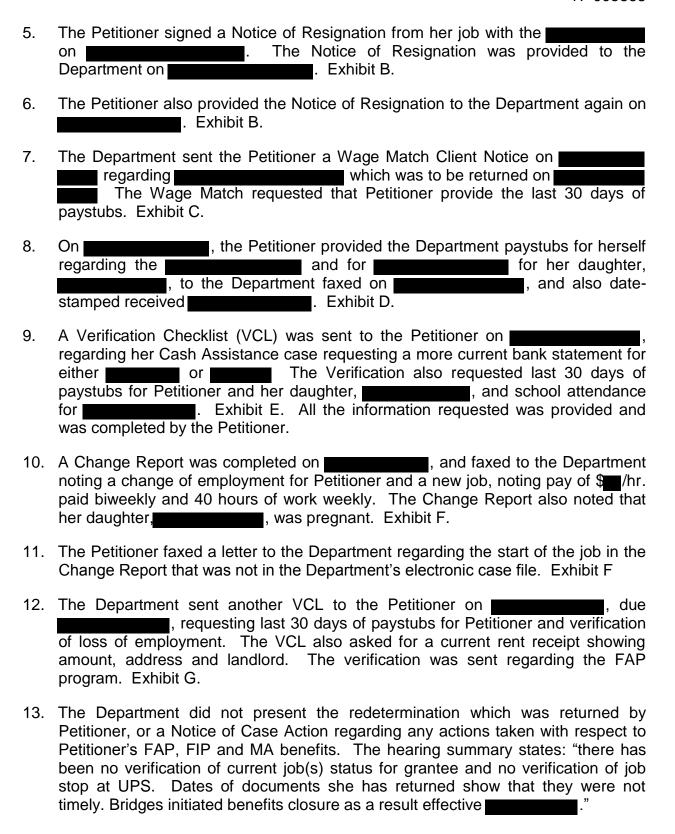
ISSUE

Did the Department properly close the Petitioner's Food Assistance Program (FAP), Family Independence Program (FIP) Cash Assistance and Medical Assistance (MA) for failure to verify information?

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 Petitioner was a recipient of FAP, FIP and MA.
- 2. A Wage Match Client Notice was sent to Petitioner on with a return due date of an analysis and requested that Petitioner return the last 30 days of paystubs for the employer and the sent to Petitioner on with a return due date of an analysis and requested that Petitioner return the last 30 days of paystubs for the employer and the sent to Petitioner on the sent to Petitioner o
- 3. The Petitioner testified that she provided the information.
- 4. The Petitioner acknowledged receipt of the Wage Match Notice.



- 14. The Petitioner returned information to the Department on ______. This information was not provided by the Department for review at the hearing. See Hearing Request.
- 15. The Petitioner requested a timely hearing on Department's actions.

CONCLUSIONS OF LAW

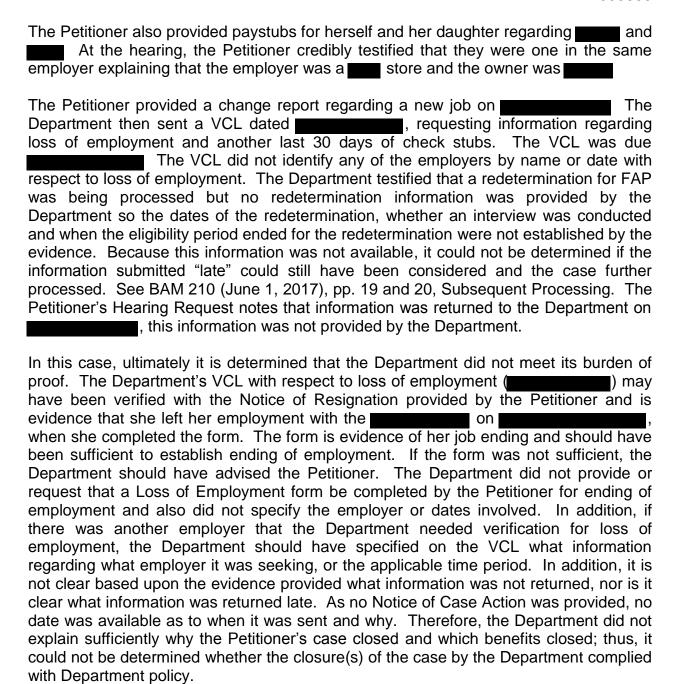
Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services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

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101-.3131.

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, the Department allegedly closed the Petitioner's case when she allegedly failed to provide complete verification. Because the Department did not provide a Notice of Case Action regarding the closure, no proof was presented that the case closed, when the case closed, and why specifically each benefit closed. The Department's verification dated previously statement. Exhibit E. The Petitioner also provided an Employee Notice of Resignation to the Department on the Department on the Department on the Department around the time she resigned and resubmitted the form again on the Department around the time she resigned and resubmitted the form again on the Department around the time she resigned and resubmitted the form again on the Department around the time she resigned and resubmitted the form again on the Department around the time she resigned and resubmitted the form again on the Department around the time she resigned the last 30 days of check stubs or earnings statement. Exhibit E. The Petitioner also provided an Employee Notice of Resignation to the Department or the Department around the time she resigned and resubmitted the form again on the Department around the time she resigned and resubmitted the form again or the Department around the time she resigned and resubmitted the form again or the Department around the time she resigned and resubmitted the form again or the Department around the time she resigned and resubmitted the form again or the Department around the time she resigned and resubmitted the form again or the Department around the time she resigned and resubmitted the form again or the Department around the time she resigned and resubmitted the form again or the Department around the time she resigned and resubmitted the form again or the Department around the time she resigned and resubmitted the form again or the Department around the Department a



In seeking verification the Department is required to:

Tell the client what verification is required, how to obtain it, and the due date; see **Timeliness of Verifications** in this item. Use the DHS-3503, Verification Checklist (VCL), to request verification. BAM 130 (April 1, 2017) p. 3. (Emphasis supplied).

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. BAM 130, p. 8.

Exception: At redetermination, **FAP** clients have until the last day of the redetermination month **or** 10 days, whichever is later, to provide verification; see BAM 210. BAM 130, p. 8

Based upon the evidence presented, it could not be determined whether the Department correctly closed the Petitioner's FAP, MA and FIP cases.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed the Petitioner's FAP, FIP and MA benefits.

DECISION AND ORDER

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

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. The Department shall reinstate the Petitioner's FAP, MA and FIP benefits from the date of closure and determine eligibility ongoing.
- 2. The Department shall issue supplements for the benefits which are reinstated in accordance with Department policy.

LMF/jaf

Lynn M. Ferris

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 Petitioner

DHHS

