



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 19, 2017  
MAHS Docket No.: 17-005982  
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 himself. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Facilitator.

### **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 with a redetermination due [REDACTED]. Department Exhibit 1, pgs.33-40.
2. Petitioner receives \$ [REDACTED] in Social Security RSDI benefits. Department Exhibit 1, pgs. 18-20.
3. On [REDACTED], the Department Caseworker sent Petitioner a Notice of Case Action, DHS 1605, that his FAP benefits were increased to \$ [REDACTED] a month effective [REDACTED]. Department Exhibit 1, pgs. 4-7.

4. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS - 1606, that he was approved for MA with a \$ [REDACTED] monthly deductible and full coverage of the Medicare Savings Program effective [REDACTED]. Department Exhibit 1, pgs. 24-29.
5. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action.

### **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 was a recipient of FAP and MA with a redetermination due [REDACTED]. Department Exhibit 1, pgs.33-40. Petitioner receives \$ [REDACTED] in Social Security RSDI benefits. Department Exhibit 1, pgs. 18-20. On [REDACTED], the Department Caseworker sent Petitioner a Notice of Case Action, DHS - 1605, that his FAP benefits were increased to \$ [REDACTED] a month effective [REDACTED]. Department Exhibit 1, pgs. 4-7. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS - 1606, that he was approved for MA with a \$ [REDACTED] monthly deductible and full coverage of the Medicare Savings Program effective [REDACTED]. Department Exhibit 1, pgs. 24-29. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action. BAM 105, 130, 210, and 220. BEM 163, 165, 211, 212, 220, 221, 223, 225, 400, 503, 544, 545, and 554.

During the hearing, the Hearing Facilitator noticed a typo of Petitioner's unearned income from Social Security that was transformed from \$ [REDACTED] to \$ [REDACTED]. As a

result, Petitioner's FAP and MA would be off \$ [REDACTED] and would need to be recalculated by the Department and new notices sent.

**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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it did not accurately use the correct amount for Petitioner's unearned income in calculating FAP and MA eligibility.

Accordingly, the Department's decision **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 of initiating a redetermination of Petitioner's eligibility for FAP and MA retroactive to March 1, 2017, based on his unearned income from Social Security RSDI of \$ [REDACTED]. Based on policy, the Department should provide Petitioner with written notification of the Department's revised eligibility determination and issue Petitioner any retroactive benefits he may be eligible to receive, if any.

CF/bb



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**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]