



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: October 27, 2017  
MAHS Docket No.: 17-011968  
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; 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, an in-person hearing was held on October 19, 2017, from [REDACTED] Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist and Hearing Coordinator.

**ISSUE**

Did the Department properly determine that that Petitioner's Food Assistance Program (FAP) case should be closed and Medicaid (MA) application denied because the Petitioner failed to submit the required verification to determine eligibility?

**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 with a redetermination due June 2017.
2. On [REDACTED], the Department Caseworker sent Petitioner a Redetermination Application, DHS 1010 that was due [REDACTED], with a telephone appointment at 2 p.m. on [REDACTED]. Department Exhibit 1, pgs. 1-8.
3. On [REDACTED], the Department Caseworker sent Petitioner a Verification Checklist, DHS 3503 that was due on [REDACTED] for the Petitioner to submit

required verifications to determine continued FAP eligibility. Department Exhibit 1, pgs. 9-10.

4. On [REDACTED], the Department Caseworker received Petitioner's completed Redetermination Application, DHS 1010. Department Exhibit 1, pgs. 11-18.
5. On [REDACTED] the Department Caseworker sent Petitioner an Appointment Notice, DHS 170, for a rescheduled appointment of [REDACTED], at 12:45 p.m. Department Exhibit 1, pg. 19.
6. On [REDACTED], the Department Caseworker sent Petitioner a Notice of Case Action, DHS 1605, that his FAP case was closed effective [REDACTED], because the Petitioner failed to submit verification of bank account saving, another bank account saving, unearned income verification, and vendor prepaid debit card. Department Exhibit 1, pgs. 20-24.
7. On [REDACTED], Petitioner applied for MA and MA Cost Share. Department Exhibit 1, pgs. 25-40.
8. On [REDACTED], the Department Caseworker sent Petitioner a Verification Checklist, DHS 3503, for Petitioner to submit required verifications to determine MA and MA Cost Share eligibility and a Health Care Coverage Supplemental Questionnaire, DHS 1004 that were due on [REDACTED]. Department Exhibit 1, pgs. 41-45.
9. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1606 that his MA and MA Cost Share application was denied effective [REDACTED], because Petitioner failed to submit verification required to determine eligibility and the completed supplemental questionnaire. Department Exhibit 1, pgs. 46-48.
10. On [REDACTED], the Department received a hearing request from the 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 with a redetermination due June 2017. On [REDACTED], the Department Caseworker sent Petitioner a Redetermination Application, DHS 1010 that was due [REDACTED], with a telephone appointment at 2 p.m. on [REDACTED]. Department Exhibit 1, pgs. 1-8. On [REDACTED], the Department Caseworker sent Petitioner a Verification Checklist, DHS 3503 that was due on [REDACTED], for Petitioner to submit required verifications to determine continued FAP eligibility. Department Exhibit 1, pgs. 9-10.

On [REDACTED], the Department Caseworker received Petitioner's completed Redetermination Application, DHS 1010. Department Exhibit 1, pgs. 11-18. On [REDACTED], the Department Caseworker sent Petitioner an Appointment Notice, DHS 170, for a rescheduled appointment of [REDACTED] at 12:45 p.m. Department Exhibit 1, pg. 19. On [REDACTED], the Department Caseworker sent Petitioner a Notice of Case Action, DHS 1605, that his FAP case was closed effective [REDACTED], because Petitioner failed to submit verification of bank account saving, another bank account saving, unearned income verification, and vendor prepaid debit card. Department Exhibit 1, pgs. 20-24.

On [REDACTED], Petitioner applied for MA and MA Cost Share. Department Exhibit 1, pgs. 25-40. On [REDACTED], the Department Caseworker sent Petitioner a Verification Checklist, DHS 3503, for the Petitioner to submit required verifications to determine MA and MA Cost Share eligibility and a Health Care Coverage Supplemental Questionnaire, DHS 1004 that were due on [REDACTED]. Department Exhibit 1, pgs. 41-45. On [REDACTED], the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS 1606 that his MA and MA Cost Share application was denied effective [REDACTED], because Petitioner failed to submit verification required to determine eligibility and the completed supplemental questionnaire. Department Exhibit 1, pgs. 46-48. BEM 260, 400, 500, 501, 502, 503, and 504. BAM 815, 105, 115, 130, 200, 210, and 220.

During the hearing, Petitioner testified that he had provided multiple times the verifications that the Department requested. However, he could give a specific date and time when he submitted the verification. In addition, he did not have copies of the requested verifications submitted with the date stamp of the county office on them. The Hearing Coordinator stated that she checked the electronic case file where for FAP

eligibility that Petitioner failed to submit his bank account verification of a [REDACTED] account, [REDACTED] account, and a pre-paid debit card and for MA that he failed to submit the questionnaire. As a result, the Department could not determine Petitioner's continued eligibility for FAP and his eligibility for his new application for MA and MA Cost Share. Petitioner has agreed to come in to the local office tomorrow and fill out a new application for FAP, MA, and the MA Cost Share. Petitioner has also asked for the Department's assistance in filling out the forms and getting the required verifications to determine program eligibility.

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 determined that Petitioner failed to submit the required verifications to determine continued FAP eligibility and eligibility for MA and MA Cost Share.

**DECISION AND ORDER**

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

CF/hb



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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]