



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR



Date Mailed: January 16, 2018  
MAHS Docket No.: 17-015853  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Ellen McLemore**

**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 January 10, 2018, from Detroit, Michigan. The Petitioner was represented by her husband, [REDACTED]. The Department of Health and Human Services (Department) was represented by Valarie Foley, Hearing Facilitator.

**ISSUES**

1. Did the Department properly close Petitioner's Food Assistance Program (FAP) benefit case?
2. Did the Department properly deny Petitioner's application for Family Independence Program (FIP) benefits?
3. Did the Department properly deny Petitioner's application for Medical Assistance (MA) benefits?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On [REDACTED], 2017, Petitioner submitted an application for FAP and FIP benefits (Exhibit B).

2. On August 29, 2017, the Department sent Petitioner a Notice of Case Action informing her that her application for FAP benefits was approved and her application for FIP benefits had been denied due to excess income (Exhibit A).
3. On August 29, 2017, the Department sent Petitioner a Verification Checklist (VCL) requesting various verifications, including the verification of assets (Exhibit C).
4. On September 11, 2017, Petitioner submitted a Verification of Assets Form (Exhibit E).
5. On September 25, 2017, the Department sent Petitioner a Notice of Case Action informing Petitioner that her FAP benefit case was closing effective October 1, 2017, ongoing, for her failure to submit verification of assets (Exhibit D).
6. On [REDACTED], 2017, Petitioner submitted an application for MA benefits for herself, her husband and two children (Exhibit G).
7. On November 13, 2017, the Department sent Petitioner a VCL requesting verification of her wages for the previous 30 days (Exhibit H).
8. On November 30, 2017, the Department sent Petitioner a Health Care Coverage Determination Notice informing her that her application for MA benefits was denied for her failure to verify her wages (Exhibit I).
9. On December 6, 2017, Petitioner's husband submitted a hearing request disputing the Department's actions regarding the FIP, 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).

#### **FIP**

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.

Petitioner's husband's hearing request was submitted, in part, to dispute the Department's actions regarding the closure of their FIP benefit case. The Department sent Petitioner a Notice of Case Action on August 29, 2017, informing Petitioner that her

application for FIP benefits was denied. Before the substance of the dispute can be examined, it must be determined if Petitioner's hearing request was timely. Testimony regarding the FIP application denial was taken, however, upon further review, it was discovered the request for hearing was not timely.

The client or authorized hearing representative has 90 calendar days from the date of the written notice of case action to request a hearing. BAM 600, p. 6. The request must be received in the local office within the 90 days. BAM 600, p. 6.

Petitioner's husband submitted a hearing request to the Department's action regarding the FIP benefit case on December 6, 2017. The request was submitted more than 90 days after the Department issued written notice of the denial of the FIP benefit case. Thus, Petitioner's husband's hearing request is untimely.

Petitioner's hearing request with respect to her FIP benefits was not timely filed within 90 days of notice and is, therefore, **DISMISSED** for lack of jurisdiction.

## FAP

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.

In this case, Petitioner submitted an expedited FAP application on [REDACTED], 2017. Petitioner's FAP benefits were approved. On August 29, 2017, the Department sent Petitioner a VCL requesting verification of her assets. Proofs were due by September 8, 2017.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. For FAP cases, the Department allows the client 10 calendar days (or other time limit specified in policy) to provide the verification that is required. BAM 130 (April 2017), p. 7. The Department sends a negative action notice when: the client indicates a 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. 7.

On September 11, 2017, Petitioner submitted a Verification of Assets form to the Department. Petitioner and her husband completed the form themselves. However, the form specifically advises the client that it must be completed by the financial institution. The Department considered the verification insufficient to verify Petitioner's assets.

Petitioner never submitted additional verification of her assets. As a result, the Department sent Petitioner a Notice of Case Action on September 25, 2017, closing her FAP benefit case, due to her failure to submit all required verifications.

Acceptable verification for a checking or savings account includes: (i) telephone contact with the financial institution (ii) written statement from the financial institution; or (iii) a monthly statement. BEM 400 (July 2017), pp. 60-62. Petitioner failed to submit acceptable verification of her assets, as required by policy. Therefore, the Department properly followed policy when it closed Petitioner's FAP benefit case.

## MA

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 submitted an application for MA benefits for herself, her husband, and her children on [REDACTED], 2017. On November 13, 2017, the Department sent Petitioner a VCL requesting verification of her income for the previous 30 days. Proofs were due by November 27, 2017.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. For MA cases, the Department allows the client 10 calendar days (or other time limit specified in policy) to provide the verification that is required. BAM 130 (April 2017), p. 7. For MA cases, if the client cannot provide the verification despite a reasonable effort, the Department will extend the time limit up to two times. BAM 130, p. 8. The Department sends a negative action notice when: the client indicates a 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. 7.

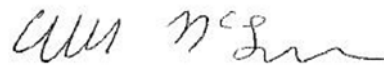
Petitioner did not submit verification of her wages after November 9, 2017. Therefore, the Department properly followed policy when it denied Petitioner's application for MA benefits in the November 30, 2017 Health Care Coverage Determination Notice, due to her failure to submit required verifications.

**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 benefit case and denied her MA application.

Accordingly, the Department's decisions regarding Petitioner's FAP and MA benefits is **AFFIRMED**.

Petitioner's request for hearing regarding her FIP benefits is **DISMISSED**.



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**Ellen McLemore**  
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**

MDHHS-Wayne-19-Hearings

**Petitioner**



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