



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: November 28, 2018
MAHS Docket No.: 18-010882
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, a telephone hearing was held on November 21, 2018, from Lansing, Michigan. Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Pamela Herman, Hearing Facilitator and Nicole Marsh, Eligibility Specialist.

ISSUE

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

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 in October 2018.
2. On October 10, 2018, the Department Caseworker received the required verification to determine the Petitioner's eligibility for FAP and MA. Department Exhibit 1, pgs. 1-18.
3. On October 10, 2018, the Department Caseworker sent the Petitioner a Health Care Coverage Determination Notice, DHS 1606, that effective November 1, 2018,

that Petitioner was no longer eligible for MA due to excess income. Department Exhibit 1, pgs. 19-22.

4. On October 15, 2018, the Department received a hearing request from Petitioner contesting the Department's negative action.
5. On October 22, 2018, the Department Caseworker sent Petitioner a Notice of Case Action, DHS 1605, that she was eligible for \$15 in FAP benefits effective November 1, 2018, due to excess income. Department Exhibit 1, pgs. 24-25.

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, the Department Caseworker properly determined that Petitioner had excess income for MA resulting in the closure of her MA case effective November 1, 2018, and a decrease in FAP benefits to \$15 per month effective November 1, 2018. Petitioner did not contest the income amounts used by the Department in determining eligibility.

The Department found that Petitioner had excess income for HMP. The annual income limit for HMP for 2018 is \$16,146.20 for a group size of 1. Petitioner's annual income was [REDACTED]. Department Exhibit 1, pgs. 1-18. As a result, Petitioner had excess income for HMP for a group size of 1.

As a result of excess income, Petitioner had a decrease in FAP benefits. Petitioner had unearned income of [REDACTED]. After deductions from her gross income of [REDACTED] of \$158 standard deduction, she has an adjusted gross income of [REDACTED]. Petitioner was given


a total shelter deduction of \$877, resulting from a housing expense of \$334 and heat and utility standard of \$543. Petitioner was given an adjusted excess shelter deduction of \$243, with a total shelter deduction of [REDACTED] minus 50% of adjusted gross income of [REDACTED]. Petitioner had a net income of [REDACTED], which was the adjusted gross income of [REDACTED] minus the excess shelter deduction of \$243. With a net income of [REDACTED], Petitioner qualified with a household group size of 1 for a maximum benefit of \$192 plus \$0 in economic recovery minus 30% of net income of [REDACTED], resulting in a net benefit amount of \$ [REDACTED] Department Exhibit 1, pgs. 37-39. BAM 110, 130, 210, and 220. BEM 400 and 503.

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 determined that Petitioner had excess income for MA resulting in the closure of her MA case effective November 1, 2018, and a decrease in FAP benefits to \$ [REDACTED] per month effective November 1, 2018

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

CF/hb



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) 763-0155; 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

Carisa Drake
190 East Michigan
Battle Creek, MI 49016

Calhoun County (District 21), DHHS

BSC3 via electronic mail

D. Smith via electronic mail

EQADHShearings via electronic mail

M. Holden via electronic mail

D. Sweeney via electronic mail

Petitioner

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