



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]

Date Mailed: February 15, 2019
MAHS Docket No.: 19-000152
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 February 7, 2019, from Lansing, Michigan. Petitioner was represented by herself, and her husband, [REDACTED] with an interpreter, [REDACTED]. The Department of Health and Human Services (Department) was represented by Belita Howard, Eligibility Specialist.

ISSUE

Did the Department properly determine 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.
2. On September 28, 2018, the Department Caseworker received Petitioner's Semi-Annual Contact Report, DHS-1046, where Petitioner's husband was now employed and earning earned income. Department Exhibit 1, pgs. 6-7.
3. On December 13, 2018, the Department Caseworker sent Petitioner a Notice of Case Action, DHS-1605, that her Food Assistance Program (FAP) benefits would be \$99 effective November 1, 2018, forward. Department Exhibit 1, pgs. 25-28.

4. On January 7, 2019, the Department Caseworker sent Petitioner a Notice of Case Action, DHS-1605, that her FAP benefits would be \$159 effective January 1, 2019 forward. Department Exhibit 1, pgs. 29-33.
5. On December 5, 2018, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that she had full MA coverage effective January 1, 2019, forward. Department Exhibit 1, pgs. 34-36.
6. On January 4, 2019, the Department received a hearing request from Petitioner, contesting the Department's negative action.
7. On January 7, 2019, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that she had full MA coverage effective January 1, 2019 forward. Department Exhibit 1, pgs. 37-38.
8. During the hearing, Petitioner withdrew the hearing request on the record for FAP.

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 on the record withdrew her request for her FAP hearing because she is satisfied with the amount of FAP benefits that she receives. As a result of the household income of \$2,236, which exceeded the income limit for MA AD-Care of \$1,391.67 for a fiscal group of 2, Petitioner was determined eligible for a MA Spenddown/Deductible case. After deductions of a \$406 Adult's prorated income and \$1,177 of Adult's share of own income, Couple's share of each others income of \$406, and insurance premium of \$78, Petitioner had a total net income of \$1,505. For a group

size of 2, with a protected income of \$541, resulted in a deductible of \$964 that they must meet before being eligible for MA. Department Exhibit 1, pg.19. BEM 503, 500, 550, and 554.

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 Petitioner's eligibility for MA with a deductible of \$964 based on household income. Petitioner on the record withdrew her request for a FAP hearing because she is satisfied with the amount of FAP benefits that she receives.

Accordingly, the Department's decision is **AFFIRMED** for MA and a hearing request withdrawal on the record for FAP.

CF/hb



Carmen G. Fahie
Administrative Law Judge
for Robert Gordon, 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

LaNecia Sigmon
27690 Van Dyke
Warren, MI 48093

Macomb County (District 20), DHHS

BSC4 via electronic mail

M. Holden via electronic mail

D. Sweeney via electronic mail

D. Smith via electronic mail

EQADHShearings via electronic mail

Petitioner

