



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
SUZANNE SONNEBORN  
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA  
ACTING DIRECTOR

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██████████, MI ██████████

Date Mailed: August 31, 2023  
MOAHR Docket No.: 23-004332  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

### **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 August 23, 2023, from Lansing, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Ms. Dania Ajami. Department Exhibit 1, pp. 1-24 was received and admitted.

### **ISSUE**

Did the Department properly close Petitioner's Food Assistance Program (FAP) and Medical Assistance Program (MA) cases for failing to verify income?

### **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.
2. On June 8, 2023, Petitioner submitted a letter from his accountant stating that ██████████ net income has been \$██████████ monthly, year to date.
3. On June 8, 2023, Petitioner submitted a letter from his accountant stating that ██████████ net income has been \$██████████ monthly, year to date.
4. On June 23, 2023, a Verification Checklist was sent to Petitioner requesting verification of employment income with a due date of July 3, 2023.

5. On July 14, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his MA case was closing for failing to verify income.
6. On July 14, 2023, a Notice of Case Action was sent to Petitioner informing him that his FAP case was closing for failing to verify income.
7. On July 25, 2023, Petitioner requested hearing disputing the closure of MA and 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.

#### **All Programs**

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Obtain verification when:

Required by policy. Bridges Eligibility Manual (BEM) items specify which factors and under what circumstances verification is required.

Required as a local office option. The requirement **must** be applied the same for every client. Local requirements may **not** be imposed for Medicaid Assistance (MA).

Information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The questionable information might be from the client or a third party.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level.

If the individual indicates the existence of a disability that impairs their ability to gather verifications and information necessary to establish eligibility for benefits, offer to assist the individual in the gathering of such information.

Verification is **not** required:

When the client is clearly ineligible, or  
For excluded income and assets **unless** needed to establish the exclusion. BAM 130

In this case, Petitioner was a recipient of MA and FAP. Pursuant to a redetermination, Petitioner submitted a letter from his accountant regarding self-employment income. The Department sent a verification checklist requesting employment verifications. At hearing, the Department Representative stated that the Petitioner's income was improperly categorized as regular employment income and not self-employment. The Department Representative also acknowledged that Petitioner submitted tax return information that had not been processed. The Department representative agreed that the Petitioner's case should be reinstated and reprocessed.

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 did not act in accordance with Department policy when it closed Petitioner's MA and FAP cases for failing to verify employment income.

**DECISION AND ORDER**

Accordingly, the Department's decision is **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:

1. Reinstate and reprocess Petitioner's FAP and MA cases going back to the date of closure.
2. Activate MA and FAP if Petitioner is found to be eligible and issue a supplement for any missed FAP benefits.

AM/nr

  
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Aaron McClintic  
Administrative Law Judge

**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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**Via-Electronic Mail :**

**DHHS**

Caryn Jackson  
Wayne-Hamtramck-DHHS  
12140 Joseph Campau  
Hamtramck, MI 48212  
**MDHHS-Wayne-55-  
Hearings@michigan.gov**

**Interested Parties**

Wayne 55 County DHHS  
BSC4  
M. Holden  
D. Sweeney  
D. Smith  
EQAD  
MOAHR

**Via-First Class Mail :**

**Petitioner**

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