



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON BROWN
DIRECTOR

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Date Mailed: October 11, 2024
MOAHR Docket No.: 24-009827
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 October 1, 2024, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Jilliane Zonts. Department Exhibit 1, pp. 1-99 was received and admitted. Petitioner Exhibit A, pp. 1- 27 was received and admitted.

ISSUE

Did the Department properly deny Petitioner’s Medical Assistance (MA), Family Independence Program (FIP) and State Emergency Relief (SER) applications and did the Department properly reduce Petitioner’s Food Assistance Program (FAP) benefit?

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 July █████ 2024, Petitioner applied for FIP, FAP, SER and MA.
2. On July █████ 2024, a Verification Checklist was sent to Petitioner.
3. On July █████ 2024, a State Emergency Relief Denial Notice was sent to Petitioner informing her that her SER application was denied due to unaffordability.
4. On August █████ 2024, Notice of Case Action was sent to Petitioner informing her that she was not eligible for FIP because she refused to provide her child’s social security number, and she failed to provide proof that her child was a citizen. Petitioner was approved for \$█████ in FAP benefits.

5. On August ■ 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she and her child were not eligible for MA because she failed to provide requested verifications.
6. On August ■ 2024, Petitioner requested hearing disputing the denial of FIP, SER and MA and reduction of FAP.
7. On August ■ 2024, a Verification Checklist was sent to Petitioner requesting verification of child's social security number and verification of self-employment income.

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 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.

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.

The State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Department of Human Services) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001-.7049.

FAILURE TO COMPLY

All Programs Except CDC

Disqualify family members for whom the grantee refuses to supply an SSN, cooperate in obtaining an SSN or cooperate in resolving any errors. BEM 223

Affordability Calculation

Determine whether an SER group meets the Housing Affordability requirement: • Multiply the group's total net countable income by 75 percent. The result is the maximum total housing obligation the group can have based on their income, and be eligible for SER housing services, and • Refer to the table at the end of this item for any increases in the basic 75 percent test if the group is renting and heat, electric or water/cooking gas is included in the rent. Multiply the resulting percentage by the group's total net countable income. The result is the absolute total housing obligation the group can have and be eligible for SER housing services. ERM 207

Medicaid

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. Refer to policy in this item for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to two times. At renewal if an individual is required to return a pre-populated renewal form, allow 30 calendar days for the form to be returned. At application, renewal, ex parte review, or other change, explain to the client/authorized representative the availability of your assistance in obtaining needed information. Extension may be granted when the following exists: • The customer/authorized representative need to make the request. An extension should not automatically be given. • The need for the extension and the reasonable efforts taken to obtain the verifications are documented. • Every effort by the department was made to assist the client in obtaining verifications. Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or MI Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day. Send a case notice when: The client indicates refusal to provide a verification, or • The time period given has elapsed. Only adequate notice is required for an application denial. Timely notice is required to reduce or terminate benefits. BAM 130

In this case, Petitioner refused to provide her child's social security number when it was requested of her and at hearing. BEM 223 instructs to disqualify family member for whom the grantee refuses to supply a social security number. Therefore, the denial of FIP and the reduction of FAP because Petitioner's child was disqualified was proper and correct.

With regard to SER, Petitioner reported no income at the time of application therefore Petitioner's proposed housing was unaffordable and the denial due to unaffordability was proper and correct. ERM 207 Petitioner argued that she had applied for FIP and if she was awarded FIP she would meet the affordability test. The affordability test was based on Petitioner's income at the time of application which was zero.

With regard to MA, Petitioner failed to provide her child's social security number and failed to verify her self-employment income and her application was denied on those bases. Petitioner stated at hearing that she had not self-employment income but she listed self-employment income on her application therefore she would need to provide verification to confirm that she has no self-employment income and she did not do so. The Department denial of MA for failing to provide verification was proper and correct and consistent with Department policy. BAM 130

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 denied Petitioner's FIP and MA applications for failing to provide her child's social security number, when it reduced Petitioner's FAP benefit, and when it denied Petitioner's SER application due to lack of affordability.

DECISION AND ORDER

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

AM/dm



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
Renee Olian
Kalamazoo County DHHS
**MDHHS-Kalamazoo-
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Interested Parties:

SanbornB
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SchaeferM
EQADHearings
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MOAHR

Via-First Class Mail :

Petitioner

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