



Date Mailed: May 2, 2025

Docket No.: 25-011313

Case No.:

Petitioner:

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

MI

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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on April 15, 2025. Petitioner was represented by [REDACTED], Guardian. Petitioner was present. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Terrel Stevens, Lead Worker.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-32.

ISSUES

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA) and the Medicare Savings Program (MSP)?

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

FINDINGS OF FACT

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

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1. On November 22, 2024, Petitioner submitted a Redetermination for her FAP and Child Development and Care (CDC) benefit cases. Petitioner reported having just telephone and internet utility expenses. (Exhibit A, pp. 7-12)
 2. On February 25, 2025, a Notice of Case Action was issued to Petitioner approving FAP benefits in the amount of \$178.00 per month effective March 1, 2025. (Exhibit A, pp. 13-21)
 3. The Department determined that Petitioner's MA and MSP cases would close based on a failure to provide verification of assets. (Exhibit A, p. 1)
 4. On February 25, 2025, a Health Care Coverage Determination Notice was issued to Petitioner indicating her MA and MSP benefit cases would close. (Exhibit A, pp. 22-26)
 5. On March 25, 2025, Petitioner filed a hearing request contesting the FAP, MA, and MSP determinations. (Exhibit A, pp. 3-5)
 6. The Department reviewed the case and discovered no Verification Checklist was issued to Petitioner to request verification of assets. (Exhibit A, p. 1)
 7. The Department reinstated the MSP benefits and sent a Verification Checklist requesting verification of assets to redetermine eligibility for MA. (Exhibit A, pp. 1 and 27-29)
 8. Petitioner returned the needed verifications and MA and MSP benefits are approved for Petitioner. (Lead Worker Testimony)

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).

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 general, verification is to be obtained when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. The Department must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department should use the best available information. If no evidence is available, the Department is to use their best judgment. BAM 130, May 1, 2024, pp. 1-4.

For MA, the Department must allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. If the client cannot provide the verification despite a reasonable effort, the Department can extend the time limit up to two times when specific conditions are met. These conditions include that the customer/authorized representative need to make the request. An extension should not automatically be given. Verifications are considered timely if received by the date they are due. The Department is to send a case action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, pp. 8-9

In this case, Petitioner submitted a Redetermination for her FAP and CDC benefit cases on November 22, 2024. (Exhibit A, pp. 7-12). The Department determined that Petitioner's MA and MSP cases would close based on a failure to provide verification of assets. (Exhibit A, p. 1). On February 25, 2025, a Health Care Coverage Determination Notice was issued to Petitioner indicating her MA and MSP benefit cases would close. (Exhibit A, pp. 22-26).

After Petitioner filed the hearing request, the Department reviewed the case and discovered no Verification Checklist was issued to Petitioner to request verification of assets. (Exhibit A, p. 1). The Department reinstated the MSP benefits and sent a Verification Checklist requesting verification of assets to redetermine eligibility for MA. (Exhibit A, pp. 1 and 27-29). Petitioner returned the needed verifications and MA and MSP benefits are approved for Petitioner. (Lead Worker Testimony).

While the February 25, 2025 determination to close Petitioner's MA and MSP cases was made in error, the Department has since corrected that action. The available evidence indicates that the recent approval of MA and MSP benefits was in accordance with Department policy.

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.

The Department counts the gross unemployment benefit amount of Retirement, Survivors, and Disability Insurance (RSDI) as unearned income. BEM 503, January 1, 2025, p. 30.

For FAP, a shelter expense is allowed when the FAP group has a shelter expense or contributes to the shelter expense. BEM 554, (January 1, 2025), p. 14. The heat/utility (h/u) standard covers all heat and utility costs including cooling, except actual utility expenses, for example, installation fees etc. FAP groups that qualify for the h/u standard do not receive any other individual utility standards. FAP groups whose heat is included in their rent may still qualify for the h/u standard. Some additional ways include but are not limited to, receipt of the Home Heating Credit (HHC) or a Low Income Home Energy Assistance Payment (LIHEAP). The amount of either payment must be greater than \$20 in the month of application or in the immediately preceding 12 months prior to the application month. BEM 554, pp. 17-18. FAP groups who pay for cooling (including room air conditioners) are eligible for the h/u standard if, they have the responsibility to pay for non-heat electric. BEM 554 pp. 18-19. FAP groups not eligible for the h/u standard who have other utility expenses or contribute to the cost of other utility expenses are eligible for the individual utility standards. Use the individual standard for each utility the FAP group has responsibility to pay. BEM 554 p. 22.

The Department can also consider verified allowable medical expenses of a senior/disabled/veteran (SDV) member of the FAP group. BEM 554, pp. 9-13.

In this case, Petitioner submitted a Redetermination for her FAP and CDC benefit cases on November 22, 2024. Petitioner reported having just telephone and internet utility expenses. (Exhibit A, pp. 7-12). The Department also verified Petitioner's household's current RSDI income at that time. (Exhibit A, p. 1). On February 25, 2025, a Notice of Case Action was issued to Petitioner approving FAP benefits in the amount of \$178.00 per month effective March 1, 2025. (Exhibit A, pp. 13-21).

The FAP budget was reviewed with Petitioner and her GA and no errors were identified. Accordingly, the Department's FAP benefit eligibility determination is upheld.

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 approved MA and MSP benefits for Petitioner and when it determined Petitioner's eligibility for FAP benefits.

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

Colleen Lack

**COLLEEN LACK
ADMINISTRATIVE LAW JUDGE**

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://irs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

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