

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No: 2011-2265

Issue No: 3008

[REDACTED]

Hearing Date:

November 10, 2010

Gratiot County DHS

ADMINISTRATIVE LAW JUDGE: Suzanne L. Morris

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on November 10, 2010. The claimant personally appeared and provided testimony.

**ISSUE**

Did the department properly close the claimant's Food Assistance Program (FAP) benefits and terminate the Medical Assistance (MA) for her daughter for failure to return the required verifications?

**FINDINGS OF FACT**

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

1. The claimant was receiving FAP and MA for her child, [REDACTED].
2. [REDACTED], indicating that she resided in the claimant's home. (Department Exhibit 1 – 4)
3. On September 1, 2010, the department worker discovered that [REDACTED] had income in 2010. (Department Exhibit 5)
4. On September 1, 2010, the department mailed the claimant a Verification Checklist (DHS-3503) requiring the claimant to submit proof of Deanna's

income. This was due to the department by September 13, 2010. (Department Exhibit 6 – 7)

5. The department did not receive the required information. On September 14, 2010, the department mailed the claimant a Notice of Case Action (DHS-1605) that indicated the MA for [REDACTED] and FAP benefits would close effective October 1, 2010 for failure to provide required information. (Department Exhibit 8 – 12)
6. The claimant submitted a hearing request on September 29, 2010.

### **CONCLUSIONS OF LAW**

The Food Assistance Program (FAP) (formerly known as the Food Stamp (FS) program) is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the FAP program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3001-3015. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR).

The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Department policy states:

#### **CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES**

##### **Responsibility to Cooperate**

##### **All Programs**

**Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. BAM, Item 105, p. 5.**

##### **Refusal to Cooperate Penalties**

##### **All Programs**

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM, Item 105, p. 5.

### **Verifications**

#### **All Programs**

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See BAM 130 and BEM 702. BAM, Item 105, p. 8.

### **Assisting the Client**

#### **All Programs**

The local office must assist clients who ask for help in completing forms (including the DCH-0733-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English. BAM, Item 105, p. 9.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM, Item 130, p. 1.

### **Obtaining Verification**

#### **All Programs**

Tell the client what verification is required, how to obtain it, and the due date (see "**Timeliness Standards**" in this item). Use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. BAM, Item 130, p. 2.

The client must obtain required verification, but you must assist if they need and request help. BAM, Item 130, p. 2.

### **Timeliness Standards**

#### **All Programs (except TMAP)**

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. If the client cannot provide the verification despite a

reasonable effort, extend the time limit at least once. BAM, Item 130, p. 4.

Send a negative action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM, Item 130, p. 4.

Claimants are required to comply with the local office to allow the department to determine initial or ongoing eligibility. BAM 105. The department informs the client what verification is required, how to obtain it, and the due date by using the Verification Checklist form (DHS-3503). BAM 130. Clients are provided ten days to return the verifications, but can request an extension of time to provide the verifications. BAM 130. If the time period to provide the verifications elapses and the verifications have not been provided, the department is directed to send a negative action notice. BAM 130.

The claimant was mailed a Verification Checklist (DHS-3503) on September 1, 2010. The claimant was required to provide information on Deanna's income to the department by September 13, 2010. The department worker testified that no information was received from the claimant and the department closed the MA for Deanna and closed the FAP benefits for failure to provide the required verifications.

The claimant testified that her daughter moved out of her home in June, 2010. However, there is no evidence that this was ever reported to the department. In fact, the claimant submitted a Healthy Kids application for [REDACTED] on August 23, 2010. On this application, the claimant indicated that she still resided in the home. Further, the claimant was receiving FAP benefits that included [REDACTED] in the program group.

When the department did not receive the required information from the Verification Checklist, they properly closed the MA for Deanna and the FAP case, as they could not determine ongoing eligibility.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department properly closed the claimant's Food Assistance Program (FAP) benefits and terminated the Medical Assistance (MA) for her daughter for failure to return the required verifications.

Accordingly, the department's actions are UPHeld. SO ORDERED.

