STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No.:	201328825
Issue No.:	3008
Case No.:	
Hearing Date:	
County DHS:	

ADMINISTRATIVE LAW JUDGE: Kevin Scully

HEARING DECISION

This matter is before the undersign	ed Administ rative Law Judge pursuant to MCL 400.	9
and MCL 400.37 following Claim	ant's request for a hearing. After due notice, a	
telephone hearing was held on	_ from Participants or	ı
behalf of Claimant included	. Participants on behalf of Department o	f
Human Services (Department) incl	uded and	

ISSUE

Due to a failure to comply with the ve rification requirements, did the Department properly \Box deny Claimant's application \boxtimes close Claimant's case \Box reduce Claimant's benefits for:

\times	
	i

Family Independence Program (FIP)? Food Assistance Program (FAP)? Medical Assistance (MA)?

State Disability Assistance (SDA)?
Child Development and Care (CDC)?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantia evidence on the whole record, including testimony of witnesses, finds as material fact:

- 1. Cla imant applied for was receivin g: FIP FAP MA SDA CDC.
- 2. Cla imant 🛛 was 🗌 was not provided with a Verification Checklist (DHS-3503).
- Claimant was required to submit requested verification by

4.	On	the Department:
	 ☐ denied Claimant's ⊠ closed Claimant's ☐ reduced Claimant' 	case
	for failure to submit ve	erification in a timely manner.
5.	On	, the Department sent notice of the:
	 denial of Claimant's application. closure of Claimant's case. reduction of Claimant's benefits. 	
6.	On	, Claim ant filed a hearing request, protesting th

CONCLUSIONS OF LAW

e:

Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

☐ The Family Independence Progr am (FIP) was established pursuant to the Personal Responsibility and W ork Opportunity Reconc iliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq*. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq*., and 1999 AC, R 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

The Food Assistanc e Program (FAP) [for merly 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 (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1999 AC, R 400.3001 through Rule 400.3015.

The program is implemented by Title 45 of the Code of Fede ral Regulations, Parts 98 and 99. T he Department provides servic es to adult s and children pursuant to MCL 400.14(1) and 1999 AC, R 400.5001 through Rule 400.5015.

Clients must cooperate with the local office in determin ing initial and ongoing eligibility. This includes the completi on of necessary forms. BAM 105. Verific ation means documentation or other evidenc e to establis h the ac curacy of the client's verbal or written statements. BAM 130. Ve rification is usually required at application/redetermination and for a reported c hange affecting eligibility or benefit level when it is r equired by policy, required as a local office option, or information regarding

an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130. The Department uses documents, collateral contacts , or home calls to verify information. BAM 130. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. When documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

The Claimant argued that the Verification Checklist did not specifically describe what t was requested by the Department. The Cla imant testified that she supplied the Department with all the required documentation.

Based on t he evidence and testimony avail able during the hearing, the Claimant has failed to establish that she made a reasonable effort to supply the Department with timely information that was necessary to determine her continued eligibility to receive benefits. The information that the Claimant did supply was received by the Department after the due date listed on the Verification Checklist.

The Department provided t he Claimant with adeq uate notic e of the information it required, and no evidence was presented that the Claimant requested assistance from the Department before the due date.

Based upon the above Findings of Fact and Conclusion	ons of Law, the Administrative Law
Judge concludes that the Department 🔀 properly	improperly:

 \boxtimes closed Claimant's case.

denied Claimant's application.

] reduced Claimant's benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds th \square at the Department \square did act properly. \square did not act properly.

Accordingly, the Depar tment's decision is	AFFIRMED REVERSED f or the
reasons stated on the record.	

<u>/s/</u>

Kevin Scully Administrative Law Judge For Maura Corrigan, Director Department of Human Services

Date Signed: 04/09/2013

Date Mailed: 04/09/2013

NOTICE: Michigan Administrative Hearing Syst em (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the receipt date of this Dec ision and Orde r. MAHS will not or der a rehearing or reconsideration on the Department's mo tion where the final decis ion cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration <u>MAY</u> be granted for any of the following reasons:
- misapplication of manual policy or law in the hearing decision,
- typographical errors, mathematical errors, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
- the failure of the ALJ to address ot her relevant iss ues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at:

Michigan Administrative hearings Recons ideration/Rehearing Request P. O. Box 30639 Lansing, Michigan 48909-07322



