

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-541
Issue No.: 3008
Case No.: [REDACTED]
Hearing Date: October 29, 2013
County: Macomb-12

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant'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. After due notice, a telephone hearing was held on October 29, 2013, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Eligibility Specialist. The record was left open for additional documentation that was received on October 30, 2013.

ISSUE

Did the Department properly close the Claimant's Food Assistance Program (FAP) case?

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 March 25, 2013, the Claimant completed an on-line application for the FAP and Medical Assistance programs. (Eligibility Specialist Testimony)
2. The Claimant did not include the apartment number as part of her address when she completed the on-line application. (Eligibility Specialist Testimony; Exhibit 2)
3. Benefits were approved on April 23, 2013. (Eligibility Specialist Testimony)
4. On July 1, 2013, the Department sent the Claimant a Semi-Annual Contact Report to the address on file from her on-line application, which stated the form must be completed, signed, dated by the Claimant and returned to the specialist with proof

of changes by August 1, 2013 or the FAP case will close effective August 31, 2013. (Exhibit 1, pages 2-4)

5. On August 10, 2013, the Department sent the Claimant a Notice of Potential Food Assistance (FAP) Closure to the address on file from her on-line application stating the FAP case will be closed effective August 31, 2013 because the Claimant has not returned the Semi-Annual Contact form, without this form FAP benefits cannot be issued for next month, and the specialist can be contacted if a replacement form is needed or for questions. (Exhibit 1, pages 4 and 6)
6. Effective August 31, 2013, the Claimant's FAP case was closed because the required Semi-Annual Contact Report was not returned.
7. On September 25, 2013, Claimant filed a hearing request, protesting the Department's actions. (Request for Hearing)

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of 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, PL 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

The Adult Medical Program (AMP) is established by 42 USC 1315 and is administered by the Department pursuant to MCL 400.10.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-119b. The Department of Human Services (formerly known as the

Family Independence Agency) administers the SDA program pursuant to MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

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 Family Independence Agency) pursuant to MCL 400.10 and by Mich Admin Code, R 400.7001 through R 400.7049.

Direct Support Services (DSS) is established by the Social Welfare Act, MCL 400.1-.119b. The program is administered by the Department pursuant to MCL 400.10 and 400.57a and Mich Admin Code R 400.3603.

The State SSI Payments (SSP) program is established by 20 CFR 416.2001-.2099 and the Social Security Act, 42 USC 1382e. The Department administers the program pursuant to MCL 400.10.

Additionally, a Claimant must cooperate with the local office in determining initial and ongoing eligibility, including completion of necessary forms, and must completely and truthfully answer all questions on forms and in interviews. BAM 105.

The Semi-Annual Contact Report, is system generated and issued at the beginning of the fifth month for cases assigned a 12-month benefit period. This report may be completed by the client, the client's authorized filing representative or by the specialist (during a telephone call, home call or interview with the client). However, the form must be signed by the client or authorized filing representative. The report is considered complete when all of the sections (including the signature section) on the form are answered completely and required verifications are returned by the client or client's authorized representative. BAM 210.

Verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. Verifications are considered timely if received by the date they are due. For FAP, the department must allow a client 10 calendar days (or other time limit specified in policy) to provide the requested verification. The department worker must tell the client what verification is required, how to obtain it, and the due date. BAM 130.

For FAP, if the client contacts the department prior to the due date requesting an extension or assistance in obtaining verifications, the department must assist them with the verifications but not grant an extension. The department worker must explain to the client they will not be given an extension and their case will be denied once the due date is passed. Also, the department worker shall explain their eligibility and it will be determined based on their compliance date if they return required verifications. BAM 130. The department must re-register the application if the client complies within 60 days of the application date. See BAM 115 & BAM 130.

On July 1, 2013, the Department sent the Claimant the system generated Semi-Annual Contact Report to the address that was on file from her on-line application in accordance with BAM 210. The Semi-Annual Contact Report stated this form must be completed, signed, dated and returned to the specialist with proof of changes by August 1, 2013, or the FAP case will close effective August 31, 2013. (Exhibit 1, pages 2-3)

The Claimant testified that she never received the Semi-Annual Contact Report noting that her apartment number is not included in the address. The Claimant did not specifically remember not entering her apartment number when she completed her application, but stated she usually includes it. However, the Claimant has received other correspondence from the Department both prior to August 1, 2013 and since that date. Additionally, the Claimant had previously understood that the Semi-Annual Contact Report was going to come later and was not expecting it to be due in August. (Claimant Testimony; Request for Hearing; Exhibit 3) There may have been some misunderstanding about when the Semi-Annual Contact Report would send and due if the Claimant was expecting six months from when she began getting benefits as opposed to six months from the month of her application for FAP.

It was uncontested that the Claimant's apartment number has not been included in the address the Department has utilized when mailing correspondence to the Claimant. However, the Department provided sufficient evidence that the Claimant did not include her apartment number when she provided her address to the Department in the May 25, 2013, on-line application. (Eligibility Specialist Testimony; Exhibit 2) Accordingly, the Department has properly sent correspondence to the Claimant at the address on file as it was provided in the application for benefits.

The Claimant acknowledged that she has received plenty of other paperwork from the Department even though the apartment number was not included in the mailing address. (Claimant Testimony; Request for Hearing; Exhibit 3) Notably, the Claimant did not contest the Eligibility Specialist's testimony that the Claimant reported receiving the August 10, 2013, Notice of Potential Food Assistance (FAP) Closure. (Eligibility Specialist and Claimant Testimony) This notice stated: the FAP case will be closed effective August 31, 2013 because the Claimant has not returned the Semi-Annual Contact form; without this form FAP benefits cannot be issued for next month; and the specialist can be contacted if a replacement form is needed or for questions. (Exhibit 1, page 6) There was no evidence that the Claimant contacted the specialist to request a replacement form, ask any questions or provided the required form by the August 31,

2013 due date. Without this information, the Department was unable to issue benefits for the month of September 2013.

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 closed the Claimant's FAP benefits case.

DECISION AND ORDER

Accordingly, the Department's decision is

AFFIRMED.



Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: November 6, 2013

Date Mailed: November 6, 2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;

- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

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

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

CL/sw

cc:

