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

IN THE MATTER OF:



Reg. No.: 201422838 Issue No.: 2002, 3002

Case No.: Hearing Date:

February 12, 2014

County: Macomb County DHS #20

ADMINISTRATIVE LAW JUDGE: Kevin Scully

HEARING DECISION

Following Claimant's r equest 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 F ebruary 12, 2014, from Lansing, Michigan. Participants on behalf of Claimant included Participants on behalf of the Department of Human Services (Department) included

<u>ISSUE</u>

Whether the Department of Human Services (Department) properly close the Claimant's Medical Assistance (M.A.) and Food Assistance Program (FAP) for failure to provide the Department with information necessary to determine her eligibility to receive benefits?

FINDINGS OF FACT

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

- The Claimant was an ongoing Medica I Assistance (M.A.) and Food Assis tance Program (FAP) recipient.
- On December 19, 2013, the Department Checklist (DHS-3503) requesting verification of ending employment by December 30, 2013.
- 3. The Department granted the Claimant an extens ion to submit her verification documents to January 8, 2014.
- 4. On January 8, 2014, the Department notified the Claimant that it would close her Medical Assistance (M.A.) and Food Assistance Program (FAP) benefits.
- The Department received the Claimant's request for a hearing on January 15, 2014, protesting the closure of her Medical Assistance (M.A.) and F ood Assistance Program (FAP) benefits.

CONCLUSIONS OF LAW

The Medic al Assistance (MA) program is est ablished by the Title XIX of the Socia I 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 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. It 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.

Clients must cooperate with the local office in determining initial and ongoing eligibility. This inc ludes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (March 1, 2013), p 5. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Department of Human Services Bri dges Assistance Manual (BAM) 130 (May 1, 2012), p 1. Verific ation is usually required at application/redetermination and for a reported change affecting elig ibility or benefit level when it is required 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 to verify information. BAM 130. documents, collateral contacts, or home calls collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. W hen documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

The Claimant was an ongoing Medical Assistance (M.A.) and Food Assistance Program (FAP) recipient when the Department conducted a routine review of here ligibility to receive continuing benefits. During an interview with the Claimant, the Department discovered that the Claimant had failed to notify the Department of changes to her employment.

On December 19, 2013, the Department sent — the Claimant a Verification Checklis — t (DHS-3503) requesting verification of ending employment by December 30, 2013. The Department granted the Claimant an extension—to submit her verification documents to January 8, 2014. On January 8, 2014, the Department notifie—d the Claim ant that it would close her Medical Ass—istance (M. A.) and Food Assist—ance Program (FAP—) benefits for failure to provide the Departm—ent with information necessary to determine her eligibility to receive benefits.

The Claimant argued that because she had provided the Department with the requested information previously, that she should not be required to provide the Department with further information.

The Department's representative acknowledged that the CI aimant had provided som e verification of income previously, but that the CIa imant had not provided verification of ending employment and failed to adequately respond to the December 19, 2014, Verification Checklist (DHS-3503).

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This Administrative Law Judg e finds that the Department was acting within its authority when it requested that the Claimant provide verification of employment that had ended. Since the Claimant either refused to provide this information, or failed to make a reasonable effort to provide the requested in formation, this Administrative Law Judge finds that the Department was acting in accordance with policy when it closed the Claimant's Medical Assistance (M.A.) and Food Assistance Program (FAP) for failure to provide the Department with information necessary to determine her eligibility to receive benefits.

The Department's represent ative testified that the Claimant submitted another application for Medical Assistance (M.A.) and Food Assistance Program (FAP) benefits, and the Department had made anot her request for the Claimant to provide verification of her former employment. The Department's representative testified that the Claimant failed to comply wit h this request for i nformation, and she was not eligible for reinstatement of benefits.

However, at the time the Claimant submitted her request for a hear ing, the Department had not denied the Claimant's new application for benefits, and this subsequent denial of benefits is not relevant to this hearing.

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 closed the Cla imant's Medical Assistance (M.A.) and Food Assistance Program (FAP) benefits.

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

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Kevin	Scully
	Administrative Law Judge
	for Maura D. Corrigan, Director
	Department of Human Services

Date Signed: February 18, 2014

Date Mailed: February 18, 2014

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NOTICE OF APP EAL: The claimant may appea I the Dec ision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, i f a timely Request for Rehearing or Reconsiderati on was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing Syst em (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the mailing date of this Dec ision and Order. MAHS will not order 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).

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 or iginal 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 clai mant must specify all reas ons 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

KS/hj

