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

IN THE MATTER OF:



Reg. No.: 201424095

Issue No.: 1000, 2002, 3002

Case No.:

Hearing Date: February 25, 2014
County: DHS SSPC-WEST

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 25, 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 deny the Claimant's application for Medical Assist ance (M.A.) and Food Assistance Program (FAP) benefits?

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 Claim ant applied for Medical Assistance (M.A.) and Food Assistance Program (FAP) benefits on December 26, 2013.
- 2. On January 2, 2014, the Department sent the Claimant a Verific ation Checklist (DHS-3503) with a due date of January 13, 2014.
- On January 16, 2014, the Department notified the Claimant that it had denied his application for benefits for failure to pr ovide the Dep artment with information necessary to determine his eligibility to receive benefits.
- 4. The Department received the Claimant's request for a hearing on January 23, 2014, protesting the denial of his application for assistance.

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 271.1 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.

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes 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 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. W hen documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

The Claim ant applied for Medical Ass istance (M.A.) and Food Assistanc e Program (FAP) benefits on December 26, 2013. On J anuary 2, 2014, the Department sent the Claimant a Verification Checklis t (DHS- 3503) requesting that the Claimant provide verification of ending employment by J anuary 13, 2014. When the Department did not receive the requested information, it notified him that his application would be denied on January 16, 2014.

The Department received the Claimant's request for a hearing, and the information necessary to determine his eligibility for benefits on January 23, 2014. The Department entered this date as the eligibility date and continued to determine his eligibility.

Based on the evidence and test imony available during the hear ing, this Administrative Law Judge finds that the Department was acting in accordance with policy when it denied the Claimant's application for benefits on January 16, 2014.

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and W ork Opportunity Reconc iliation Act of 1996, PL 104-193, and 42 USC 601 to 679c. The Depar tment (formerly known as the Family Independenc e Agency) administers FIP pursuant to MC L 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.

Clients have the right to c ontest a department decis ion affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The Department will provide

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an administrative hearing to review the decision and determine the appropriateness. The Michigan Administrative Hearing Syst em (MAHS) may grant a hearing for any of the following:

MAHS may grant a hearing about any of the following:

- Denial of an application and/or supplemental payments.
- Reduction in the amount of program benefits or service.
- Suspension or termination of program benefits or service.
- Restrictions under which benefits or services are provided.
- Delay of any action beyond standards of promptness.
- For FAP only, the current level of benefits or denial of expedited service.
 Department of Human Services Bridges Administrative Manual (BAM) 600 (July 1, 2013), p 4.

Based on the evidence and test imony available during the hearing, this Administrative Law Judge finds that the Cla imant failed to establish that he applied for Family Independence Program (FIP) be nefits on December 26, 2013, and there is no to be settled. Therefore, the Cla imant's hearing request is dism issed with respect to the Family Independence Program (FIP) only.

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 denied the Claimant's December 26, 2013, application for assistance.

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

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

Date Signed: February 26, 2014

Date Mailed: February 27, 2014

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.

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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

CC:

