

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

IN THE MATTER OF:



Reg. No.: 14-005723
Issue No.: 3002
Case No.:
Hearing Date: July 28, 2014
County: WAYNE- 35 (REDFORD)

ADMINISTRATIVE LAW JUDGE: ROBERT J. CHAVEZ

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 July 28, 2014, from Detroit, Michigan. Participants on behalf of Claimant included . Participants on behalf of the Department of Human Services (Department) included , Hearings Facilitator.

ISSUE

Due to a failure to comply with the verification requirements, did the Department properly deny Claimant's application close Claimant's case reduce Claimant's benefits for:

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Family Independence Program (FIP)? | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> Child Development and Care (CDC)? |
| <input type="checkbox"/> Medical Assistance (MA)? | |

FINDINGS OF FACT

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

1. Claimant applied for received:
 FIP FAP MA SDA CDC
benefits.
2. Claimant was required to submit requested verification by May 27, 2014.

3. On June 1, 2014, the Department
 denied Claimant's application.
 closed Claimant's case.
 reduced Claimant's benefits.
4. On June 12, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On June 23, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.

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), and Department of Human Services Reference Tables Manual (RFT).

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 273. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001 to .3015.

Eligibility is determined through a claimant's verbal and written statements; however, verification is required to establish the accuracy of a claimant's verbal and written statements. Verification must be obtained when required by policy, or when information regarding an eligibility factor is incomplete, inconsistent, or contradictory. An application that remains incomplete may be denied. BAM 130. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130.

Furthermore, alien status must only be verified at application, member addition, redetermination and when a change is reported. BEM 225.

There is no policy that states that a client must provide further proof of alien status at any other time.

In the current case, the Department contends that claimant did not return verifications of alien status, as required by the regulations, and was therefore terminated from her FAP benefits, because the Department was unable to determine eligibility.

The undersigned believes that this reduction was not supported by policy.

First, the claimant needed to supply these verifications in order to originally be approved for benefits. The fact that claimant was on benefits should be proof enough that they

were supplied at the time of initial application; claimant's application could not have been approved without appropriate documentation of identity. There were no allegations that the claimant's alien status was questionable back when she was originally approved for benefits; the undersigned is unsure how claimant's identity or citizenship would have changed in the intervening years. Therefore, the Department was not "unable to determine eligibility", as required by BAM 130.

Furthermore, verification is required to determine eligibility; the Department was not attempting to determine eligibility, as was contemplated by BAM 130. Eligibility determinations are conducted at application or redetermination or when the claimant has submitted evidence of change that would affect benefit levels or eligibility; no evidence was submitted that this was the case. Furthermore, there was no evidence submitted that the case at hand was a case of a member addition or a change.

At most, the evidence shows that the Department was unable to locate these verifications in claimant's file, and requested them from the claimant in order to maintain a complete file. There is no evidence as to why claimant was sent a DHS-3503, other than to provide verifications. As verifications are only required to determine eligibility, and there was no allegation that claimant's eligibility for benefits was questionable, the undersigned is unwilling to allow requests for verifications for the sake of requesting verifications.

Therefore, as there is no evidence that the verifications in question were actually needed, and there is no evidence that claimant's case was in a status where alien status was required to be verified, the undersigned cannot uphold the current action.

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

failed to satisfy its burden of showing that it acted in accordance with Department policy when it reduced claimant's FAP benefits.

DECISION AND ORDER

Accordingly, the Department's decision is

REVERSED.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Remove the negative action with regards to claimant's FAP benefit case.



ROBERT J. CHAVEZ
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: August 12, 2014

Date Mailed: August 12, 2014

RJC/tm

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

cc:

