

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

IN THE MATTER OF:

████████████████████
████████████████████
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Reg. No.: 14-002546
Issue No.: 2002;3002;6002
Case No.: ██████████
Hearing Date: June 19, 2014
County: MACOMB-36

ADMINISTRATIVE LAW JUDGE: ROBERT 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 June 19, 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:

☐ Family Independence Program (FIP)? ☐ State Disability Assistance (SDA)?
☒ Food Assistance Program (FAP)? ☒ Child Development and Care (CDC)?
☒ 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 April 17, 2014.
3. On May 1, 2014, the Department
 - ☐ denied Claimant's application.
 - ☒ closed Claimant's case.
 - ☐ reduced Claimant's benefits.
4. On April 18, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On May 15, 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.

☒ The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

☒ 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.

With regard to claimant's MA case, there is no evidence that claimant was ever sent a notice of case action closing the MA benefits. BAM 220, Case Actions, requires proper notice to close a benefit case. As the Department has submitted no evidence showing

that the MA case was properly closed, the undersigned must hold that claimant's MA case was not properly closed, and benefits must be restored.

With regard to claimant's FAP and CDC benefits, an assistance case may be closed if verifications needed to verify an eligibility factor are not returned. BAM 130.

On April 7, 2014, claimant was sent a DHS-3503 requesting verifications of current pay, and verification of a loss of employment. The Department also requested a provider verification from claimant's CDC provider in order to keep the CDC case open.

On April 18, 2014, claimant provided verifications of current pay; however, these documents were not all that had been requested by the Department. A DHS-1605, Notice of Case Action was sent to the claimant, warning that her benefit case would close if she did not return adequate verifications by May 1, 2014.

Had this been the total facts of the case, the undersigned would rule that claimant had not returned required documents and the Department properly closed her case.

However, claimant played for the record a voice mail message received from her caseworker in response to a phone call made from the claimant to ask what was needed to prevent her case from closing.

In this voice mail message, claimant's case worker stated, with regard to her FAP case, that her FAP case would only have closed "if he didn't have the paystubs" claimant submitted. With regard to claimant's CDC case, claimant's caseworker stated that a provider verification had been sent to the provider and that he was "waiting on that from the provider" to keep the case open.

For both benefit cases, claimant's caseworker stated in the voice mail message that claimant did not have to take any actions herself to keep her benefit case open; with regards to the FAP benefits, he stated that claimant had submitted all required documents, and with regard to the CDC benefits, he stated that he was waiting on documents to be returned from the provider.

In neither case did the caseworker state to the claimant that claimant was responsible for getting any other documents.

BAM 130 states that if a client requests assistance in securing verifications, the Department must provide this assistance. The Administrative Law Judge holds that that assistance extends to providing accurate information about what needs to be returned to keep a benefit case open.

In the current case, the Department provided inaccurate information. While claimant was ultimately responsible for returning all required verification, the Department's failure to provide requested assistance actively prohibited claimant from meeting her

responsibilities. As such, the Department's actions in this case were in error, and must be reversed.

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

- ☒ did not act in accordance with Department policy when it gave claimant erroneous information with regards to claimant's verification responsibilities.

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. Reopen claimant's FAP, MA, and CDC cases retroactive to the date of negative action and provide any retroactive benefits to which the claimant is otherwise entitled.



ROBERT CHAVEZ

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

Date Signed: **7/2/2014**

Date Mailed: **7/2/2014**

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: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]