

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-005779
Issue No.: 3002
Case No.: [REDACTED]
Hearing Date: July 31, 2014
County: LIVINGSTON

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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, telephone hearing was held on Thursday, July 31, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant and her [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], ES.

ISSUE

Due to a failure to comply with the verification requirements, did the Department properly close Claimant's case 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 checked="" 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 received: FAP and MA benefits.
2. Claimant was required to submit requested verification by June 9, 2014.
3. On June 16, 2014, the Department closed Claimant's case.
4. On June 16, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.

5. On June 26, 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.

Additionally, the Claimant was a recipient of FAP and MA. On May 29, 2014, the Department Caseworker sent the Claimant a New Hire Claimant Notice, DHS-4635, for written verification of that was due June 9, 2014. Department Exhibit 4-5. The Claimant failed to provide the required verification of her [REDACTED] verification that was due on June 9, 2014. Department Exhibit 6. As a result, the Department Caseworker sent the Claimant a notice that FAP and MA would be closing effective July 1, 2014 due to failure to provide verification. Department Exhibit 7-10. BAM 130 and 807.

During the hearing, the Claimant's [REDACTED] stated that his [REDACTED] had faxed the required verification. The Department Caseworker stated that the Department had not received the required verification, which is why the Claimant's FAP and MA case closed. The Claimant's [REDACTED] stated that he did bring a copy of the faxed verification to the meaningful pre-hearing conference, but was told that it was too late. The Claimant and her [REDACTED] did not bring a copy of the verification to the hearing. The record was left open for the Claimant to provide a copy to the Department by [REDACTED], On [REDACTED], the Department Caseworker sent an email stating that the Claimant and her [REDACTED] failed to provide the verification and just reapplied for benefits. Department Exhibit A.

The Department has met their burden that the Claimant's FAP and MA cases should be closed because the Claimant failed to provide the required verification by the due date to determine continued MA and FAP eligibility.

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 satisfied its burden of showing that it acted in accordance with Department policy when it closed the Claimant's FAP and MA cases because the Claimant failed to provide the required verification by the due date to determine continued MA and FAP eligibility.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.



Carmen G. Fahie
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **8/8/2014**

Date Mailed: **8/8/2014**

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 Claimant;

- 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

CGF/tb

cc:

