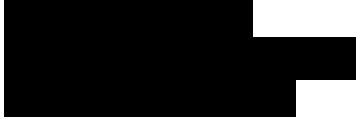


**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:



Reg. No.: 2014-33379
Issue No(s): 3002; 5002; 2010
Case No.: [REDACTED]
Hearing Date: April 22, 2014
County: SSPC-EAST

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

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 April 22, 2014, from Lansing, Michigan. Claimant appeared and testified. Participants on behalf of the Department of Human Services (Department) included Assistance Payment Supervisor [REDACTED] and Assistance Payment Worker [REDACTED].

ISSUE

Did the Department properly deny Claimant's application for the Food Assistance Program (FAP), Healthy Michigan Program (HMP) and State Emergency Relief (SER) benefits?

FINDINGS OF FACT

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

1. Claimant submitted an online application on 3/10/14 for FAP, HMP and SER benefits.
2. Claimant did not claim he was disabled on his 3/10/14 application.
3. On 3/10/14, Claimant was denied HMP benefits on 3/10/14, due to a freeze on enrollment.
4. Claimant was contacted on 3/10/14 for a telephone interview for expedited FAP and SER benefits.

5. During the interview on 3/10/14, Claimant confirmed a group size of one and income of [REDACTED] a month.
6. A State Emergency Relief Decision Notice was mailed to Claimant on 3/10/14, indicating he had been denied SER benefits for failure to make enough payments on his DTE bill within the last six months.
7. A Notice of Case Action was mailed to Claimant on 3/10/14, approving Claimant for prorated expedited FAP benefits for 3/10/14 through 3/31/14.
8. On 3/10/14, a Verification Checklist was mailed to Claimant requesting verification of self-employment income and rent expense, with a due date of 3/10/14.
9. On 3/25/14, a Notice of Case Action was mailed to Claimant denying FAP benefits for failure to timely return the requested verifications.
10. On 3/27/14, Claimant timely requested a hearing contesting the Department's denial of his FAP, HMP and SER application.

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

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.

Department policy states that clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. BAM 105. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105. Clients must take actions within their ability to obtain verifications.

The department uses the Verification Checklist, DHS-3503, to tell the client what verification is required, how to obtain it and the due date. The client must obtain the required verification, but the department must assist if they need and request help. BAM 130.

A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the department. The department sends a negative action

notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130.

Claimant applied for FAP on March 10, 2014. Claimant was mailed a Verification Checklist instructing him to return verification of self-employment and rent expense before March 20, 2014. Verification of self-employment and rent was not received by March 20, 2014, and the Department closed Claimant's FAP case.

Claimant admitted that he received the Verification Checklist and had not returned the requested documentation. Claimant stated that he had not realized he had been approved for FAP, so he did not return the requested verifications. This Administrative Law Judge finds that Claimant did not make a reasonable effort to provide timely verification to the department.

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.

Claimant applied for Medicaid under the HMP program on 3/10/14. Enrollment in HMP was currently frozen to new enrollments when Claimant submitted his application. As a result, the Department properly denied Claimant's application for HMP.

The State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Family Independence Agency) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001 through R 400.7049.

To be eligible for energy service assistance, an SER group must make required payments toward their energy service bills unless the case is categorically eligible. The required payment amounts are based on the group size and service (heat or electric).

The energy required payment period is the six-month period prior to the month the SER group applies for assistance, regardless of previous approvals. It applies even if the client has never requested or received SER energy services in the past six-months. For example, if the group applies for heating assistance on January 13, the required payment period is July through December.

Energy required payments are met if the amounts paid by the group for heating fuel and/or electricity equal or exceed the table amounts for the required payment period. Required payments must be met for each month the SER group has an obligation to pay for the service. Failure to make required payments may result in a shortfall.

If required energy payments have not been met, Bridges will determine if good cause for non-payment exists. Failure to make required payments without good cause may result in a shortfall. If the group fails to meet good cause criteria, give them the opportunity to make required payments.

If good cause does not exist, the shortfall must be paid before any SER payment can be authorized. The group has 30 calendar days, beginning with the date of application, to provide verification to the worker that the shortfall payment has been made or will be made by another agency or organization. A shortfall cannot be waived.

A DHS-1419, SER Decision Notice, is sent to the client for every energy request. The notice must include the required payment amounts to inform the client of their obligation. The department must verify actual or threatened shutoff or need for reconnection of natural gas or electricity by contact with the utility company. Contact can be in the form of a written notice, telephone call, fax, email or information on the provider's secure website. The department may verify the need for deliverable fuels by the statement of the group.

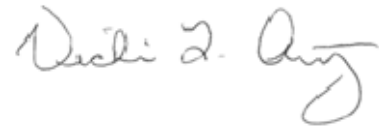
In this case, Claimant requested assistance in paying his utility bills of \$645.57 to DTE Energy. To be eligible for energy service assistance, Claimant must have made the required payments toward his energy service. According to the payment history from DTE Energy, Claimant had made sporadic payments since September, 2013, with no payments made in October, 2013, or December, 2013. Because Claimant failed to make the required payments to his energy service, a shortfall existed. Claimant failed to show good cause to the Department as to why he did not make the required payments. The Department mailed Claimant a State Emergency Relief Notice on 3/10/14, denying Claimant's application for SER because the total of his shortfall and contribution is equal to or greater than the amount needed to resolve the emergency.

Therefore, in accord with Departmental policy, the Department has established that Claimant was not eligible for SER benefits to pay his utility bill. Claimant also admitted during the hearing that he did not make the required payments to DTE and only made payments when he could.

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 Claimant's application for FAP, HMP and SER.

DECISION AND ORDER

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



Vicki L. Armstrong
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 05/12/2014

Date Mailed: 05/13/2014

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, 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:

2014-33379/VLA

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

VLA/sw

cc:

