

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

IN THE MATTER OF:



Reg. No.: 14-018688
Issue No.: 3002
Case No.: [REDACTED]
Hearing Date: January 28, 2015
County: Allegan

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong for (AJL) William Sundquist

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 January 28, 2015, from Lansing, Michigan. Claimant personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Eligibility Specialist [REDACTED]. Although ALJ William Sundquist presided over the hearing in this matter, the undersigned ALJ has reviewed the entire hearing record, including all documents and admitted exhibits in this hearing, and generates the instant Hearing Decision in the absence of the presiding ALJ.

ISSUE

Due to a failure to comply with the verification requirements, did the Department properly close Claimant's case for the Food Assistance Program (FAP) and Medical Assistance (MA) benefits?

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 participated in the Redetermination interview for FAP and MA on 11/3/2014.
2. Claimant was required to submit requested verification by 12/1/2014, of proof of his taxes and insurance as well as a letter from his parents as to how much they give Claimant each month and if the money is given directly to Claimant or to pay his bills directly, with their signatures, date, telephone number and a bank statement.
3. On December 3, 2014, the Department received a handwritten letter from Claimant's parents indicating they have been making funds available to Claimant for the payment of his taxes, insurance, utilities, food and other living expenses for the past three years.

4. On December 1, 2014, the Department closed Claimant's FAP for failing to return verification of unearned income.
5. On December 17, 2014, the Department sent Claimant notice of its FAP and MA actions. The Health Care Coverage Determination Notice indicated MA was closed beginning 1/1/2015.
5. On December 26, 2014, Claimant 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.

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, p 8 (1/1/2015). Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105, p 9 (1/1/2015). Clients must take actions within their ability to obtain verifications. BAM 105, p 8 (1/1/2015).

The Department must assist when necessary. BAM 105. The local office must assist clients who ask for help in completing forms (including the DCH-0733-D) or gathering verifications. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (10/1/2014). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130, p 1 (10/1/2014).

The Department uses the Verification Checklist, DHS-3503, to tell the client what verification is required, how to obtain it and the due date. BAM 130, p 2 (10/1/2014). The client must obtain the required verification, but the Department must assist if they need and request help. BAM 130, p 2 (10/1/2014).

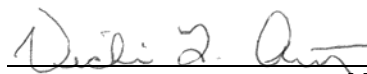
A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the Department. The Department sends a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p 6 (10/1/2014).

In this case, Claimant reported unearned income from his parents in the amount of \$ [REDACTED] during the Redetermination interview. A Verification Checklist was mailed on November 20, 2014, requesting among other things, verification of the unearned income amounts due on December 1, 2014. On December 3, 2014, the Department did receive a handwritten letter from Claimant's parents indicating they have been giving him access to funds to pay his bills and buy food for the past three years, but they did not verify the amount of funds they provide to Claimant. On December 17, 2014, notices were mailed to Claimant indicating FAP benefits would end beginning December 1, 2014, and MA benefits would end beginning January 1, 2015, for his failure to verify his unearned income before December 1, 2014.

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 closed Claimant's FAP and MA benefits.

DECISION AND ORDER

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



Vicki Armstrong
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/20/2015**

Date Mailed: **2/20/2015**

VLA/las

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 48909-8139

cc:

