

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

IN THE MATTER OF:



Reg. No.: 14-018985
Issue No.: 3000; 4002
Case No.: [REDACTED]
Hearing Date: February 04, 2015
County: WAYNE-DISTRICT 76

ADMINISTRATIVE LAW JUDGE: Susan C. Burke

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 February 4, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Hearings Facilitator.

ISSUE

Did the Department properly close Claimant's State Disability Assistance (SDA) case due to failure to verify information?

FINDINGS OF FACT

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

1. The Department issued a Verification Checklist (VCL) on [REDACTED], requesting Claimant to verify household information.
2. Claimant misunderstood the VCL and anticipated that another form would follow.
3. Claimant requested assistance from the Department by leaving a phone message, but the Department did not return Claimant's phone call.
4. The Department issued a Notice of Case Action on [REDACTED], informing Claimant that his SDA case would close, effective [REDACTED], due to verification not being returned by Claimant.

5. Claimant requested a hearing on [REDACTED], protesting the Department's action with respect to SDA and the Food Assistance Program (FAP).
6. During the hearing, Claimant stated that he no longer requested a hearing regarding FAP.

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.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

In the present case, The Department issued a Verification Checklist (VCL) on [REDACTED], requesting Claimant to verify household information. Claimant testified credibly that he misunderstood the VCL and anticipated that another form would follow. Claimant requested assistance from the Department by leaving a phone message, but the Department did not return Claimant's phone call.

In the Notice of Case Action, the wording of the Department is that Claimant's case would close because, "Verification of How household members are related was not returned. . ." In the VCL, the wording of the Department is, "Please return at least one of the requested proofs for each verification and person listed below. . . Please provide additional information about: how household members are related." In reviewing the wording, it can be understood why Claimant thought an additional form would have been enclosed along with the VCL and why Claimant sought clarification assistance from the Department.

BAM 105 (10/2014), p. 1, instructs that the Department is to protect client rights. It is found that the Department did not protect Claimant's rights by not clearly instructing Claimant on the manner in which he was to provide the information and by not returning Claimant's phone messages.

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 closed Claimant's SDA case.

In addition, Claimant requested at the hearing that his FAP hearing request be withdrawn.

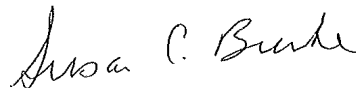
DECISION AND ORDER

Accordingly, the Department's SDA 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. Reinstate Claimant's SDA case, effective [REDACTED].
2. Issue SDA supplements, in accordance with Department policy.

It is further ORDERED that Claimant's FAP hearing request is **DISMISSED** pursuant to Claimant's request during the hearing.



Susan C. Burke
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/6/2015**

Date Mailed: **2/6/2015**

SCB / hw

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:

