

**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.: 15-000536
Issue No.: 3002
Case No.: ██████████
Hearing Date: February 12, 2015
County: MACOMB-12 (MT CLEMENS)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 12, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Eligibility Specialist, Alternate Hearing Facilitator.

ISSUE

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

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 Food Assistance and as part of a redetermination, Claimant was required to provide proof of his Direct Express account statement. Exhibit A.
2. Claimant was required to submit requested verification by December 18, 2014.
3. On January 1, 2015, the Department closed Claimant's case.
4. On January 5, 2015, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action. Exhibit B
5. On January 9, 2015, 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.

Additionally, in this case the Department as part of a Redetermination requested that the Claimant verify his assets in the form of an account statement for his Direct Express Debit Card account. The Verification Checklist was sent to the Claimant after a Redetermination interview where the Claimant advised the Department about the account. The Verification Checklist stated the following in the Comments section: "PROVIDE RECENT STATEMENT WITH YOUR NAME AND BALANCE ON IT FOR DIRECT EXPRESS CHECKING ACCOUNT. YOU CAN CONTACT DIRECT EXPRESS FOR A STATEMENT 888-741-1115." The information was to be provided to the Department by December 18, 2014, and was not provided to the Department. At the hearing, the Claimant indicated that he did not understand the request, but could not explain what he did not understand about the information request. Additionally, the Claimant indicated that he faxed to the Department an annual Direct Express statement approximately two weeks ago, which the Department did not receive. The Claimant did not bring the annual statement that he faxed to the hearing.

Department policy found in BAM 130 provides:

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (10/1/14), p. 1.

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification that is requested. BAM 130, p. 6

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. BAM 130 p. 6

Send 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. 6-7

For FAP only, if the client contacts the Department prior to the due date requesting an extension or assistance in obtaining verifications, you must assist them with the verifications but do not grant an extension. Explain to the client they will not be given an extension and their case will be denied once the VCL due date is passed. Also, explain their eligibility will be determined based on their compliance date if they return required verifications. BAM 130, p.7

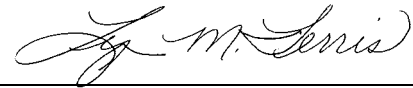
In this case, based upon the evidence presented it is determined that the time period given to complete the verification expired, and the client did not make a reasonable effort to provide the information requested. The verification very clearly advised the Claimant what information was requested and also provided a contact phone number for Direct Express. Under these circumstances it is determined that the Department properly closed the Claimant's Food Assistance case, as the Claimant did not demonstrate a reasonable effort to provide the verification. This conclusion is based upon the Claimant's claim that he did not understand the verification request, but could not explain what he did not understand about the request, and thus this claim is not sufficient to support that a reasonable effort was made by the Claimant. The Claimant did not indicate during the hearing any disability of any sort which would have effected his ability to understand the verification request. The Claimant may reapply for Food Assistance at any time.

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 the Claimant Food Assistance case for failure to verify account information regarding Claimant's Direct Express Debit Account.

DECISION AND ORDER

Accordingly, the Department's decision is:

AFFIRMED.



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/12/2015**

Date Mailed: **2/12/2015**

LMF / 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 48909-8139

CC:

[REDACTED]