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

IN THE MATTER OF:



Reg. No.: Issue No.: Case No.: Hearing Date: County: 15-006897 3002

June 11, 2015 Berrien

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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on Thursday, June 11, 2015, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included **Exercise**, Family Independence Manager, Lead Support Specialist for the Office of Child Support (OCS).

<u>ISSUE</u>

Did the Department properly reduce the Claimant's Food Assistance Program (FAP) and close Child Development Care (CDC) cases for noncooperation with OCS?

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 Claimant received FAP and CDC benefits.
- 2. On April 10, 2015, the Claimant failed to cooperate and was found to be in noncompliance with OCS. Department Exhibit 1.1.
- 3. On April 13, 2015, the Department closed Claimant's case CDC case and reduced her FAP benefits due to the Claimant's failure to cooperate with OCS.
- 4. On April 13, 2015, the Department sent Claimant a notice of the negative action decision. Department Exhibit 2.1-7.
- 5. On April 24, 2015, Claimant filed a hearing request, protesting the Department's actions.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, 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 Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

In this case, the Claimant was a recipient of FAP and CDC benefits. On April 13, 2015, the Department closed Claimant's case CDC cases and reduced her FAP benefits due to the Claimant's failure to cooperate with OCS. On April 13, 2015, the Department sent Claimant a notice of the negative action decision. Department Exhibit 2.1-7.

During the hearing, the Claimant stated that she felt that she was in cooperation with OCS. She stated that she became pregnant after a one night stand. The Claimant stated that she did not know his name or anything about him. She knew he drove a truck. However, the OCS Caseworker said that the Claimant had not been forthcoming with pertinent details to help establish paternity. In addition, she hadn't tried to identify her son's father by going back to the bar or hotel where they met. As a result, the Claimant was found to be in noncooperation. BEM 255. BAM 220.

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 determined that the Claimant was found to be in noncooperation with OCS.

DECISION AND ORDER

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

Carmon I. Sahie

Carmen G. Fahie Administrative Law Judge for Nick Lyon, Director Department of Health and Human Services

Date Signed: 6/16/2015

Date Mailed: 6/16/2015

CGF/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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from MAHS within 30 days of the mailing date of this Hearing Decision, or MAHS <u>MAY</u> order a rehearing or reconsideration on its own motion. MAHS <u>MAY</u> 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

