

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-010075
Issue No.: 3002
Case No.: [REDACTED]
Hearing Date: July 30, 2015
County: DHS MI-CAP SSPC

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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, telephone hearing was held on July 30, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and [REDACTED], the Claimant's mother. Participants on behalf of the Department included [REDACTED], Hearing Facilitator.

ISSUE

Did the Department of Health and Human Services (Department) properly close the Claimant's Food Assistance Program (FAP) 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. The Claimant was an ongoing Food Assistance Program (FAP) recipient under the Michigan Combined Application Project (MiCAP).
2. On March 17, 2015, the Department sent the Claimant a MiCAP Redetermination Form (DHS-542) with a due date of April 1, 2015.
3. On June 3, 2015, the Department received the Claimant's MiCAP Redetermination Form.
4. On June 10, 2015, the Department notified the Claimant that it had closed Food Assistance Program (FAP) benefits effective March 31, 2015.
5. On June 3, 2015, the Department received the Claimant's request for a hearing protesting the closure of his Food Assistance Program (FAP) benefits.

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.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (April 1, 2015), p 5.

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 when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (October 1, 2014), pp 1-9.

Once an individual is determined eligible for MiCAP, eligibility will be for a 36-month benefit period. A redetermination of eligibility will be completed every 36 months. Food Assistance benefits continue for the duration of the benefit period unless an individual is no longer eligible for MiCAP or fails to return the DHS-542, MiCAP Redetermination Form. Department of Health and Human Services Bridges Eligibility Manual (BEM) 618 (July 1, 2015), pp 2-3.

The Claimant was an ongoing FAP recipient the MiCAP program, which is a category of FAP benefits available only to SSI recipients. On March 17, 2015, the Department sent the Claimant a MiCAP Redetermination (DHS-542) with a due date of April 1, 2015. When the Department did not receive the Claimant's completed Redetermination form it closed the Claimant's FAP assistance as of March 31, 2015.

The Claimant's mother testified that she received the Redetermination form close to the due date, but that she mailed it to the Department before the due date.

The Claimant presented substantial evidence of disruptions to mail delivered by the US Postal Service during that same period.

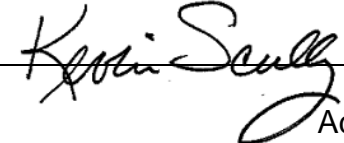
Although the Claimant's mother presented evidence that the operations of the US Postal Service were disrupted during the period that she claims to have mailed the Redetermination form to the Department, there is no direct evidence that any particular piece of mail was lost.

The Claimant sent a copy of the March 17, 2015, Redetermination form to the Department along with his June 3, 2015, request for a hearing. This Administrative Law Judge finds that the Claimant did receive the Redetermination form, and the evidence does not support a finding that the Claimant returned the Redetermination form to the Department in a timely manner.

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's Food Assistance Program (FAP) benefits.

DECISION AND ORDER

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



Kevin Scully
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **7/31/2015**

Date Mailed: **7/31/2015**

KS/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:

