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

IN THE MATTER OF:

MAHS Reg. No.:
Issue No.:
Agency Case No.:
Hearing Date:

15-016342 3000, 6001

October 27, 2015

County: WASHTENAW (DISTRICT 20)

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Petitioner'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, an in-person hearing was held on from Ypsilanti, Michigan. , the Claimant, appeared on her own behalf. The Department was represented by , Eligibility Specialist; . Assistance Payments Supervisor: and . Office of Child Support (OCS) Lead Worker.

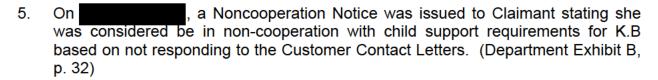
ISSUE

Did the Department properly close Child Development and Care (CDC) benefits based on non-cooperation with child support requirements?

FINDINGS OF FACT

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

- a First Customer Contact letter was issued to Claimant from 1. On OCS regarding one of her children, K.B. (Department Exhibit B. pp. 7-8)
- 2. On , a Final Customer Contact letter was issued to Claimant from OCS regarding K.B. (Department Exhibit B. pp. 25-26)
- 3. , Claimant applied for CDC for her children K.B. and Z.B. On (Department Exhibit A, p. 1)
- Non-cooperation status was entered regarding K.B. with a non-cooperation date of 4. . (Department Exhibit A, p. 16).



- 6. On _______15, a Notice of Case Action was issued, in part stating CDC was approved for Z.B from ________ forward, approved for K.B. for the period of through ________, and denied for K.B. for ________, and ongoing. The denial for K.B. was based on a failure to cooperate with child support requirements. (Department Exhibit A, pp. 9-7)
- 7. On ______, Claimant filed a hearing request contesting the Department's actions . (Department Exhibit A, p. 2)

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.

Parents have a responsibility to meet their children's needs by providing support and/or cooperating with the department, including the Office of Child Support (OCS), the Friend of the Court (FOC) and the prosecuting attorney to establish paternity and/or obtain support from an absent parent. The custodial parent or alternative caretaker of children

¹ On the September 1, 2015, hearing request, Claimant wrote that she was contesting actions regarding CDC and Food Assistance Program (FAP) for K.B. During the hearing proceedings, Claimant stated she was only concerned about the CDC program, and withdrew the FAP portion of her hearing request. Accordingly the FAP portion of Claimant's hearing request is DISMISSED.

must comply with all requests for action or information needed to establish paternity and/or obtain child support on behalf of children for whom they receive assistance, unless a claim of good cause for not cooperating has been granted or is pending. BEM 255, (April 1, 2015), p. 1.

Cooperation is a condition of eligibility for CDC. The following individuals who receive assistance on behalf of a child are required to cooperate in establishing paternity and obtaining support, unless good cause has been granted or is pending: grantee (head of household) and spouse, specified relative/individual acting as a parent and spouse, parent of the child for whom paternity and/or support action is required. BEM 255, p. 9.

Cooperation is assumed until negative action is applied as a result of non-cooperation being entered. The non-cooperation continues until a comply date is entered by the primary support specialist or cooperation is no longer an eligibility factor. BEM 255, p. 10.

There are two types of good cause: (1) cases in which establishing paternity/securing support would harm the child, and (2) cases in which there is danger of physical or emotional harm to the child or client. BEM 255 pp. 3-4.

In this case, OCS found Claimant to be in non-cooperation status on regarding K.B. based on not timely responding to the Customer Contact Letters dated (Department Exhibit B, pp. 7-8, 25-26, and 32) The Department asserts this is a valid non-cooperation status due to Claimant's failure to timely respond to the letters and noted that Claimant must provide verifiable information on the putative father of K.B. to establish paternity and support. (Department Exhibit B, p. 2) The OCS Lead Worker testified that Claimant first contacted OCS regarding K.B. on the putative father and provided sufficient information to identify the father and verify paternity.

Claimant testified she did not know why she did not respond to the Customer Contact Letters, but indicated there was a lot going on with two children and a surgery. Claimant confirmed that the address on the Customer Contact Letters dated , was correct at that time.

The evidence supports the Department's determination to close CDC benefits for K.B. based non-cooperation with child support requirements. At that time Claimant had not responded to the Customer Contact Letters dated Accordingly, Claimant had not cooperated with OCS to provide any information to identify the father and verify paternity, or, made a claim of good cause. The determination to close CDC benefits for K.B. must be upheld.

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 CDC benefits for K.B. based on non-cooperation with child support requirements.

DECISION AND ORDER

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

Colleen Lack
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Colleen Feel

Date Signed:

Date Mailed:



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

