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: County:

15-016797 3002

October 29, 2015 KENT-DISTRICT 1 (FRANKLIN)

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 October 29, 2015, from Lansing, Michigan. Participants on behalf of Claimant included (Assistance Payments Supervisor) represented the Department of Health and Human Services (Department). Witnesses on behalf of the Department included (Assistance Payments Worker).

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. On July 14, 2015, the Department received the Claimant's application for Food Assistance Program (FAP) benefits.
- 2. On July 17, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting verification of all bank accounts by July 27, 2015.
- 3. On July 27, 2015, the Department received the Claimant's response to the July 17, 2015, Verification Checklist (DHS-3503).
- 4. On July 29, 2015, the Department notified the Claimant that it had denied his Food Assistance Program (FAP) application.

- 5. On August 31, 2015, the Claimant contacted the Department about his bank account statements.
- 6. On August 31, 2015, the Department reinstated the Claimant's Food Assistance Program (FAP) application and approved him for benefits effective September 1, 2015.
- 7. On September 9, 2015, the Department received the Claimant's request for a hearing protesting the denial of Food Assistance Program (FAP) benefits before September 1, 2015.

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 (July 1, 2015), p 8.

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 (July 1, 2015), pp 1-9.

On July 14, 2015, the Department received the Claimant's application for FAP benefits. On July 17, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting verification of all bank accounts by July 27, 2015. On July 27, 2015, the Department received the Claimant's verification of his checking accounts, but nothing about any savings accounts. On July 29, 2015, the Department notified the Claimant that it had denied his FAP application for failing to provide verification of any savings accounts since the Department's records indicated that the Claimant had a savings account in the past.

On August 31, 2015, the Claimant contacted the Department about his bank accounts. The Claimant notified the Department that his savings account had been closed and verified the closure to the Department. On August 31, 2015, the Department reregistered the Claimant's FAP application and approved him for benefits as of September 1, 2015, which was the first date he was eligible for benefits following the date that he completed the application process as directed by Department of Health and Human Services Bridges Administrative Manual (BAM) 115 (October 1, 2015), p 23.

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 processed the Claimant's Food Assistance Program (FAP) and approved him for benefits as of September 1, 2015.

DECISION AND ORDER

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

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

Date Signed: 11/2/2015

Date Mailed: 11/2/2015

KS/

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 <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

CC:				