RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN ADMINISTRATIVE HEARING SYSTEM Christopher Seppanen Executive Director

SHELLY EDGERTON DIRECTOR



Date Mailed: November 10, 2016 MAHS Docket No.: 16-014583 Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

# **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, 3-way telephone hearing was held on November 1, 2016, from Lansing, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Hearing Facilitator. Department Exhibit 1, pp.1-18 was admitted.

## ISSUE

Did the Department properly close Petitioner's Child Development and Care assistance (CDC) case and determine his 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. Petitioner was approved for CDC benefits and was sent a Verification Checklist and Child Care Provider Verification on September 8, 2016, with a September 19, 2016, due date.(Dept. Ex.1, pp. 8-12)
- 2. Petitioner failed to identify his child day care provider prior to the September 19, 2016, deadline and his CDC benefits closed on that basis.
- 3. Notice of Case action was sent to Petitioner on September 21, 2016, informing him that his CDC benefit would close because "You did not give proof of information your local DHS office asked for."

- 4. Petitioner requested hearing on September 28, 2016, disputing the closure of his CDC benefits and determination of his FAP benefits.
- 5. Petitioner previously requested hearing regarding his June 2016 FAP application and abandoned that appeal at the Administrative Hearing held on August 23, 2016.

## 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 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.

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.

#### Deadlines for Requesting a Hearing

#### All Programs

The client or AHR has 90 calendar days from the date of the written notice of case action to request a hearing. The request must be received in the local office within the 90 days. BAM 600

Obtain verification when:

• Required by policy. Bridges Eligibility Manual (BEM) items specify which factors and under what circumstances verification is required.

**Timeliness of Verifications** 

## FIP, SDA, Child Development and Care (CDC), FAP

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested.

## CDC Only

If the client cannot provide the verification despite a reasonable effort, extend the time limit at least once.

At redetermination, if a signed DHS-1010 or application is received, generate a VCL and allow 10 calendar days for the client to provide the verifications. If the verifications are not returned or are returned as incomplete, two 10 calendar day extensions must be given, sending VCLs after each verification due date. Clients are not required to request the extensions.

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. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day.

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

Verification Prior to Assigning Provider to Case

Use the DHS-4025, Child Development and Care Provider Verification, to verify the child(ren) in care, the date care began, where care is provided and the provider's relationship to the child(ren). This form must be signed by both the parent and all provider types (centers, homes, unlicensed) and is required:

Before adding a provider assignment to a child. BEM 702

In this case, with regard to CDC benefits, Petitioner was approved for CDC benefits and was sent a verification checklist on September 8, 2016, with a September 19, 2016, due date requesting completion of a DHS-4025 Child Development and Care Provider Verification, to verify his provider. The Department closed Petitioner's CDC case on September 21, 2016, because he failed to submit the form and failed to obtain a child care provider. Petitioner did not request an extension for the requested verification. On September 20, 2016, Petitioner acknowledged that he did not have day care provider for his children stating in an email correspondence with a Department worker "Yes I haven't found a provider yet I'm not just going to stick them in just anyone without doing research on them." (Dept. Ex.1, p.27) Department policy requires that negative action be taken when verifications are not received prior to deadline and the client has not made a reasonable effort to provide it. Petitioner provided no proof that he made any efforts to find a provider and complete the required form prior to the deadline. Therefore the closure for failing to provide verifications was proper and correct. BAM 130.

In this case, Petitioner's appeal with regard to FAP benefits is DISMISSED because it was untimely and because Petitioner abandoned his appeal with regard to FAP benefits at the previous Administrative Hearing held on August 23, 2016. BAM 600.

## **DECISION AND ORDER**

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 Petitioner's CDC case for failing to identify a child care provider.

Accordingly, the Department's decision with regard to CDC benefits is **AFFIRMED**.

Petitioner's hearing request as it relates to FAP benefits is **DISMISSED** because it was untimely.

AM/mc

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

**NOTICE OF APPEAL**: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

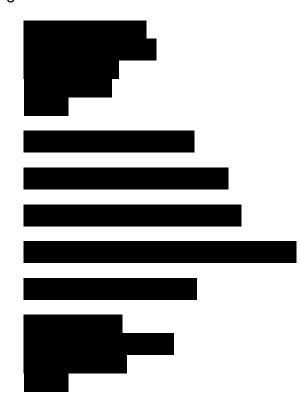
A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

DHHS



Petitioner