



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]
Date Mailed: November 17, 2016
MAHS Docket No.: 16-014186
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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. After due notice, telephone hearing was held on November 10, 2016, from Lansing, Michigan. The Petitioner represented herself. The Department was represented by [REDACTED] (Case Manager), and [REDACTED] (Family Independence Manager).

ISSUE

Did the Department of Health and Human Services (Department) properly close petitioner's Family Independence Program (FIP) 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 an ongoing Family Independence Program (FIP) recipient.
2. On August 24, 2016, the results of a Front End Eligibility (FEE) report indicated that all persons living in Petitioner's household had not been reported to the Department. Exhibit A, p 2.
3. On August 24, 2016, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting verification of income received by a member of Petitioner's household. Exhibit A, pp 5-6.
4. On August 25, 2016, Petitioner reported that the father of her child occasionally stays at her home. Exhibit A, p 4.

5. On September 12, 2016, the Department notified Petitioner that it would close her Family Independence Program (FIP) benefits as of October 1, 2016. Exhibit A, p 10.
6. On September 22, 2016, the Department received Petitioner's request for a hearing protesting the closure of Family Independence Program (FIP) benefits. Exhibit A, p 7.

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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101-.3131.

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 (January 1, 2016), pp 1-9.

Petitioner was an ongoing FIP recipient when the Department discovered that there was a person living in her household that had not been reported to the Department. This was based on the results of a FEE investigation completed on or around August 24, 2016. On August 24, 2016, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting verification of income received by a member of Petitioner's household. When Petitioner did not return the requested information in a timely manner, the Department closed Petitioner's FIP benefits.

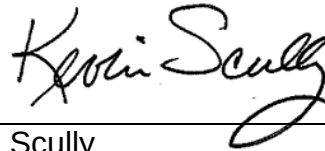
Petitioner did not dispute that this unreported person was living in her home occasionally, but disputed that this person should be considered part of her benefit group.

Since the Department reasonably determined that the parent the FIP grantee's child was staying in Petitioner's home for some time each month, the Department was justified to request verification of that person's income. When Petitioner failed to comply with this request, the Department was acting in accordance with policy when it closed Petitioner's FIP benefits.

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 close Petitioner's Family Independence

DECISION AND ORDER

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



KS/nr

Kevin Scully
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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Petitioner

[REDACTED]