



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: March 28, 2017
MAHS Docket No.: 17-002556
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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, a telephone hearing was held on [REDACTED], from [REDACTED], Michigan. Petitioner and her husband, [REDACTED], personally appeared and testified.

The Department of Health and Human Services (Department) was represented by Eligibility Specialist, [REDACTED]. [REDACTED] testified on behalf of the Department. The Department submitted 10 exhibits which were admitted into evidence.

ISSUE

Did the Department properly close Petitioner's Food Assistance Program (FAP) case for failure to return requested verifications?

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 [REDACTED], Petitioner applied for FAP. [Hearing Summary].
2. On [REDACTED], a Notice of Case Action was issued to Petitioner closing Petitioner's FAP benefits beginning [REDACTED], ongoing for failure to return requested verifications. [Dept. Exh. 5-6].

3. On [REDACTED], Petitioner submitted a Request for Hearing to the Department, contesting the closure. [Dept. Exh. 3-4].

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.

Department policy states that clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105, p 8 (7/1/2015). This includes completion of the necessary forms. BAM 105, p 8. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105, p 9. Clients must take actions within their ability to obtain verifications. BAM 105, p 12.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (7/1/2015). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130, p 1.

The Department uses the Verification Checklist, DHS-3503, to tell the client what verification is required, how to obtain it and the due date. BAM 130, p 3. The client must obtain the required verification, but the Department must assist if they need and request help. BAM 130, p 3.

A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the Department. BAM 130, p 6. The Department sends 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, p 7.

In this case, Petitioner credibly testified that she did submit the requested verifications by email. Petitioner presented a copy of the email sent to the Department. The sent email showed Petitioner had, in fact, timely emailed the requested verifications to the Department. However, on further examination, Petitioner had emailed the verifications to the wrong Department member. Despite Petitioner's error, Eligibility Specialist [REDACTED]

agreed to accept the verifications as timely and stated that she would reinstate Petitioner's FAP benefits.

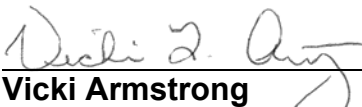
DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, concludes that the Department's decision is **AFFIRMED IN PART** with respect to initially closing Petitioner's FAP benefits for failure to submit requested verifications and **REVERSED IN PART** with respect to now having received the verifications to reinstate Petitioner's FAP benefits, to give the Department the opportunity to do so.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reinstatement of Petitioner's FAP benefits to the date of closure as indicated on the record.

VLA/bb



Vicki Armstrong
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]

Petitioner

[REDACTED]