



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: [REDACTED] June 5, 2017
MAHS Docket No.: 17-005567
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED], Assistance Payments Supervisor.

ISSUE

Did the Department properly reduce Petitioner's Food Assistance Program (FAP) benefits due to noncompliance with the Office of Child Support (OCS)?

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 a recipient of FAP, which requires her to participate with OCS to determine paternity and establish child support pursuant to Bridges Eligibility Manual (BEM) 255.
2. On [REDACTED], the OCS sent Petitioner a First Customer Contact Letter, which Petitioner had 10 days to complete the Online Child Support Response form. Department Exhibit 2, pgs. h-i.

3. On [REDACTED], the OCS sent Petitioner a Final Customer Contact Letter, which Petitioner had 10 days to complete the Online Child Support Response form. Department Exhibit 2, pgs. l-m.
4. On [REDACTED], the OCS sent Petitioner a Noncooperation Notice because the Petitioner did not respond and she had 10 days to complete the Online Child Support Response form. Department Exhibit 2, pgs. e-f.
5. On [REDACTED], the Department sent Petitioner a Notice of Case Action that her FAP benefits were decreasing to \$ [REDACTED] a month effective [REDACTED], for household group size of 0, due to noncooperation with OCS. Department Exhibit 1, pgs. 12-15.
6. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action.

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 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.

In this case, Petitioner was a recipient of FAP, which requires her to participate with OCS to determine paternity and establish child support pursuant to BEM 255. On [REDACTED], the OCS sent Petitioner a First Customer Contact Letter, which Petitioner had 10 days to complete the Online Child Support Response form. Department Exhibit 2, pgs. h-i. On [REDACTED], the OCS sent Petitioner a Final Customer Contact Letter, which Petitioner had 10 days to complete the Online Child Support Response form. Department Exhibit 2, pgs. l-m. On [REDACTED], the OCS sent Petitioner a Noncooperation Notice because Petitioner did not respond and she had 10 days to complete the Online Child Support Response form. Department Exhibit 2, pgs. e-f. On [REDACTED], the Department sent the Petitioner a Notice of Case Action that her FAP benefits were decreasing to \$ [REDACTED] a month effective [REDACTED], for household group size of 0, due to noncooperation with OCS. Department Exhibit 1, pgs. 12-15. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action. BAM 105, 115, 130, 200, 210, and 220. BEM 400.

In this case, the Department has agreed to settle since due to Petitioner's cooperation with OCS effective [REDACTED]. OCS has agreed to put her in compliance within 48 hours and send a report to DHHS. Once DHHS receives the report from OCS that Petitioner is in compliance with OCS, then the Department will restore benefits from the date of the report forward.

DECISION AND ORDER

The Administrative Law Judge concludes that the Department and Petitioner have come to a settlement regarding Petitioner's request for a hearing.

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 of initiating a restoration of Petitioner's FAP benefits once OCS sends a report that Petitioner is in compliance with OCS from the date received forward.

CF/bb



Carmen G. Fahie
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

Department Representative

[REDACTED]

DHHS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Petitioner

[REDACTED]