



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 26, 2017
MAHS Docket No.: 17-006563
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], Family Independence Specialist; and [REDACTED], Lead Support Specialist from the Office of Child Support (OCS).

ISSUE

Did the Department properly determine Petitioner's eligibility for Food Assistance Program (FAP) and Medical Assistance (MA) due to her noncooperation with 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 is a recipient of FAP and MA, which requires her to participate with OCS to determine paternity and establish child support pursuant to BEM 255.
2. On [REDACTED], the OCS sent Petitioner a First Customer Contact Letter that Petitioner had 10 days to complete the Online Child Support Response form. Department Exhibit 1, pgs. 16-17.

3. On [REDACTED], the OCS sent Petitioner a Final Customer Contact Letter that Petitioner had 10 days to complete the Online Child Support Response form. Department Exhibit 1, pgs. 20-21.
4. 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 1, pg. 13.
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 1 due to the removal of the head of household due to noncooperation with OCS. Department Exhibit 1, pgs. 22-26.
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 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.

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Petitioner is a recipient of FAP and MA, 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 that Petitioner had 10 days to complete the Online Child Support Response form. Department Exhibit 1, pgs. 16-17. On [REDACTED], the OCS sent Petitioner a Final Customer Contact Letter that Petitioner had 10 days to complete the Online Child Support Response form. Department Exhibit 1, pgs. 20-21. 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 1, pg. 13. 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 1 due to the removal of the head of household due to noncooperation with OCS. Department Exhibit 1, pgs. 22-26. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action. BAM 210 and 220. BEM 255.

During the hearing, Petitioner stated that she was not sure about the paternity of her child, but would try to cooperate with OCS. She was provided the number to call after the administrative hearing. The decision notice for the MA closure was not included in the hearing packet. The Department properly found Petitioner in noncooperation with OCS.

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 determined Petitioner was in noncooperation with OCS resulting in a decrease in FAP benefits and the closure of her MA case.

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

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]

Petitioner

[REDACTED]