



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: August 25, 2017
MAHS Docket No.: [REDACTED] 17-008860
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, an in-person hearing was held on [REDACTED], from Ypsilanti, Michigan. The Petitioner was represented by [REDACTED], Esq. [REDACTED], a law student, also appeared on behalf of Petitioner. [REDACTED] appeared as a witness for Petitioner. [REDACTED], served as a Somali Interpreter for Petitioner. The Department of Health and Human Services (Department) was represented by Assistant Attorneys General [REDACTED] and [REDACTED]. [REDACTED], Eligibility Specialist and [REDACTED], Family Independence Manager, appeared as witnesses on behalf of the Department.

ISSUE

Did the Department properly approve Petitioner for Food Assistance Program (FAP) benefits in the amount of [REDACTED] per month effective [REDACTED]?

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 submitted a Redetermination to the Department.
2. Upon reviewing Petitioner's case, the Department discovered that Petitioner had not previously verified her heat and utility expense.
3. On [REDACTED], the Department conducted a telephone interview with Petitioner.
4. Petitioner is blind and is hearing impaired.

5. Petitioner provided verbal authorization for her caregiver, [REDACTED], to speak on her behalf.
6. The Department requested that Petitioner submit written authorization allowing Ms. [REDACTED] to speak on her behalf.
7. On [REDACTED], the Department received written authorization from Petitioner allowing Ms. [REDACTED] to become her Authorized Representative (AR).
8. Ms. [REDACTED] resides with Petitioner and reviews Petitioner's mail once or twice per week.
9. On [REDACTED], the Department sent Petitioner a Verification Checklist (VCL) requesting verification of her heat and non-heat expense.
10. The requested documents were due on or before [REDACTED].
11. The Department did not receive the requested information by the due date and on [REDACTED], it sent Petitioner a Notice of Case Action which informed Petitioner that she had been approved for FAP benefits in the amount of [REDACTED] per month.
12. On [REDACTED] [REDACTED] [REDACTED] Petitioner filed a Request for Hearing disputing the Department's actions.

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.

Additionally, verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. In this case, Petitioner submitted a timely Redetermination. The Department testified that upon review of Petitioner's file, it learned that Petitioner's heat and non-heat expense had not been verified. The Department stated that it conducted a telephone interview with Petitioner on [REDACTED]. During that telephone interview, Petitioner authorized Ms. [REDACTED] to speak on her behalf. Petitioner executed written authorization allowing Ms. [REDACTED] to act as her AR.

Ms. [REDACTED] testified that she resides with Petitioner and is at the home every day. Ms. [REDACTED] confirmed that she received and reviewed the VCL although she was unsure of the date she actually received the document. [REDACTED] confirmed that she did not submit the requested information to the Department. [REDACTED] indicated that she has never been required to provide the information in the past and as such, she believed the document to be sent in error. [REDACTED] further confirmed that she had spoken to Department representatives on several occasions in the past. Thus, if [REDACTED] believed the document to be sent in error or had any questions relating to the document, she could have contacted the Department. [REDACTED] did not contact the Department during the verification period.

The Department was able to verify Petitioner's heat and non-heat expense through a collateral contact approximately two months after it sent the [REDACTED] Notice of Case Action. The Department testified that prior to this date, it did not have sufficient information to complete the collateral contact. It is unclear exactly what additional information the Department needed to complete the collateral contact. A **collateral contact** is a direct contact with a person, organization or agency to verify information from the client. It might be necessary when documentation is not available or when available evidence needs clarification. BAM 130, p. 2. However, in this case there was no information from the client and no evidence that the documentation was unavailable. It does not appear that there was an effort by [REDACTED] on behalf of Petitioner to obtain and provide the requested information to the Department.

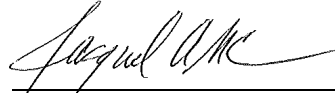
[REDACTED] further testified that she did not understand that becoming Petitioner's AR required her to respond to documents. However, Petitioner is blind and hearing impaired with no ability to review documents sent to her by mail. [REDACTED] indicated that she understood that her role as AR allowed her to speak with the Department regarding Petitioner's benefits and to pick up/drop off documents on Petitioner's behalf. As such, Ms. [REDACTED] understood she was authorized to deliver documents to the Department, including documents which would have verified Petitioner's heat and non-heat expense. Because the heat expense was not timely verified, the expense was removed from Petitioner's budget, causing her benefits to decrease from [REDACTED] per month to [REDACTED] per month.

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 approved Petitioner for FAP benefits in the amount of [REDACTED] per month effective [REDACTED]

DECISION AND ORDER

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

JAM/tlf



Jacquelyn A. McClinton
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

Via Email:

[REDACTED]

Petitioner

- **Via First-Class Mail**

[REDACTED]

Counsel for Petitioner

- **Via First-Class Mail:**

[REDACTED]