STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

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4. On 10/31/11, the Department

denied Claimant's application

	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2012 13411 3008 December 22, 2011 Macomb County DHS (20)				
ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris						
HEARING DECISION						
This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on December 22, 2011, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of Department of Human Services (Department) included Essential Ess.						
<u>ISSUE</u>						
Due to a failure to comply with the verification requirements, did the Department properly ☐ deny Claimant's application ☒ close Claimant's case ☐ reduce Claimant's benefits for:						
	•	ssistance (SDA)? nt and Care (CDC)?				
FINDINGS OF FACT						
The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:						
1. Claimant ☐ applied for ☒ was receiving: ☐FI	P ⊠FAP □MA [□SDA □CDC.				
2. Claimant ⊠ was ☐ was not provided with a Ve	erification Checklis	st (DHS-3503).				
3. Claimant was required to submit requested veri	fication by Octobe	er 17, 2011.				

20	1213441/LMF closed Claimant's case reduced Claimant's benefits for failure to submit verification in a timely manner.
5.	On October 18, 2011, the Department sent notice of the denial of Claimant's application. closure of Claimant's case. reduction of Claimant's benefits.
6.	On 11/15/11, Claimant filed a hearing request, protesting the ☐ denial. ☐ closure. ☐ reduction.
	CONCLUSIONS OF LAW
	epartment policies are found in the Bridges Administrative Manual (BAM), the Bridges gibility Manual (BEM) and the Reference Tables Manual (RFT).
Re 42 Ag 31	The Family Independence Program (FIP) was established pursuant to the Personal esponsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, USC 601, et seq. The Department (formerly known as the Family Independence Jency) administers FIP pursuant to MCL 400.10, et seq., and 1997 AACS R 400.3101-31. FIP replaced the Aid to Dependent Children (ADC) program effective ctober 1, 1996.
pro im Re Ag	The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) ogram] is established by the Food Stamp Act of 1977, as amended, and is plemented by the federal regulations contained in Title 7 of the Code of Federal egulations (CFR). The Department (formerly known as the Family Independence pency) administers FAP pursuant to MCL 400.10, et seq., and 1997 AACS R 0.3001-3015
Se Th	The Medical Assistance (MA) program is established by the Title XIX of the Social ecurity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers the Aprogram pursuant to MCL 400.10, et seq., and MCL 400.105.
for as	The State Disability Assistance (SDA) program which provides financial assistance disabled persons is established by 2004 PA 344. The Department (formerly known the Family Independence Agency) administers the SDA program pursuant to MCL 0.10, et seq., and 1998-2000 AACS R 400.3151-400.3180.
an 19 Th an	The Child Development and Care (CDC) program is established by Titles IVA, IVE d XX of the Social Security Act, the Child Care and Development Block Grant of 90, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 d 99. The Department provides services to adults and children pursuant to MCL 0.14(1) and 1997 AACS R 400.5001-5015.

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Additionally, the evidence and testimony presented indicated that the Claimant properly completed the redetermination forms and because the verification request was not specific regarding the unearned income information requested, the Claimant attempted to contact her caseworker to seek clarification. The Claimant's caseworker was unavailable, as she was out of the office and the case was placed into closure for failure to respond to the verification request. The Claimant did not overall refuse to cooperate and therefore her case must be reopened.

- 1. The Department shall initiate reinstatment of the Claimant's Food Assistance case retroactive to the date of closure 10/31/11.
- 2. The Department shall issue the Claimant a supplement for any food assistance benefits she was otherwise entitled to receive.
- 3. The Claimant shall have 10 days from the receipt of this order to provide the Department the following information: (a) a complete bank account statement for October 2011 checking and savings as applicable; (b) a letter from the long term disability company for her husband (indicating the status of those benefits and if those benefits are no longer being received or a confirmation that the benefits have stopped and the date the benefits stopped).

Lynn M. Ferris
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: 12/28/11

Date Mailed: 12/28/11

NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome
 of the original hearing decision.
- A reconsideration <u>MAY</u> be granted for any of the following reasons:
- misapplication of manual policy or law in the hearing decision,
- typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant;
- · the failure of the ALJ to address other relevant issues in the hearing decision

Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

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