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

| IN THE MAT | TTER OF: | Reg. No: Issue No: | 201220212 3055 | |
|---|---|--|---|--|
| JAMES DUL | ANEY | Case No: | | |
| BENTON HA | ARBOR, MI 49022 | Hearing Date: Berrien County | | |
| ADMINISTR | ATIVE LAW JUDGE: Kevin Scu | ully | | |
| HEARING DECISION | | | | |
| and MCL 4 telephone he | | uest for a hearing. Aft January 18, 2012, from L | er due notice, a ansing, Michigan., and | |
| | <u>ISSL</u> | <u>JE</u> | | |
| Did the Dep for: | artment properly 🗵 deny Claim | ant's application close | e Claimant's case | |
| ☐ Family Independence Program (FIP)? ☐ Adult Medical Assistance (AMP) ☐ State Disability Assistance (SDA Development and Care (Company) ☐ Child Development and Care (Company) | | | stance (SDA)? | |
| FINDINGS OF FACT | | | | |
| | strative Law Judge, based on the whole record, finds as mater | | , and substantial | |
| 1. | Claimant ⊠ applied for benef Independence Program (FIP). Food Assistance Program (FAI ☐ Medical Assistance (MA). | Adult Medical Assisted. Adult Medical Assisted. By Adult Medical Assisted. | tance (AMP). 🖄 Assistance (SDA). | |
| 2. | On December 2, 2011, the De closed Claimant's case due (IPV) sanction. | · — | • • | |

| 3. | On December 2, 2011, the Department sent \boxtimes Claimant \square Claimant's Authorized Representative (AR) notice of the \boxtimes denial. \square closure. |
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| 4. | On December 11, 2011, Claimant filed a hearing request, protesting the \boxtimes denial of the application. \square closure of the case. |
| | CONCLUSIONS OF LAW |
| • | policies are contained in the Bridges Administrative Manual (BAM), the gibility Manual (BEM), and the Reference Tables Manual (RFT). |
| Responsibil 42 USC 60 Agency) ad through Rul | nily Independence Program (FIP) was established pursuant to the Personal ity and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 11, et seq. The Department (formerly known as the Family Independence ministers FIP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.3101 le 400.3131. FIP replaced the Aid to Dependent Children (ADC) program ctober 1, 1996. |
| program] is implemente Regulations Agency) ad | od Assistance Program (FAP) [formerly known as the Food Stamp (FS) is established by the Food Stamp Act of 1977, as amended, and is ad by the federal regulations contained in Title 7 of the Code of Federal (CFR). The Department (formerly known as the Family Independence ministers FAP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.3001 to 400.3015. |
| Security Active The Depart | dical Assistance (MA) program is established by the Title XIX of the Social t and is implemented by Title 42 of the Code of Federal Regulations (CFR). It to the title the title that the following the following the MA program pursuant to MCL 400.10, et seq., and MCL is a seq., an |
| | dult Medical Program (AMP) is established by 42 USC 1315, and is d by the Department pursuant to MCL 400.10, et seq. |
| for disabled Services (fo | te Disability Assistance (SDA) program, which provides financial assistance dipersons, is established by 2004 PA 344. The Department of Human primerly known as the Family Independence Agency) administers the SDA irsuant to MCL 400.10, et seq., and 2000 AACS, R 400.3151 through Rule |
| and XX of 1990, and the The program and 99. The | Id Development and Care (CDC) program is established by Titles IVA, IVE the Social Security Act, the Child Care and Development Block Grant of he Personal Responsibility and Work Opportunity Reconciliation Act of 1996. In is implemented by Title 45 of the Code of Federal Regulations, Parts 98 he Department provides services to adults and children pursuant to MCL and 1999 AC, R 400.5001 through Rule 400.5015. |

| Based upon the above Findings of Fact and Conclusions stated on the record, the Administrative Law Judge con properly denied Claimant's application improperly closed Claimant's case improperly closed Claimant | ncludes that the Department denied Claimant's application | | | |
|--|---|--|--|--|
| for: | | | | |
| DECISION AND ORDER | | | | |
| The Administrative Law Judge, based upon the above Find of Law, and for the reasons stated on the record, ☐ did act properly. ☐ did not act properly. | • | | | |
| Accordingly, the Department's \square AMP \square FIP \boxtimes FAP \square MA \square SDA \square CDC decision is \boxtimes AFFIRMED \square REVERSED for the reasons stated on the record. | | | | |
| <u>/s/</u> | | | | |
| | Kevin Scully Administrative Law Judge | | | |
| | For Maura Corrigan, Director | | | |
| | epartment of Human Services | | | |
| Date Signed: January 24, 2012 | | | | |

Date Mailed: January 24, 2012

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. (60 days for FAP cases)

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt 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 **MAY** 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

KS/tb



