## **OSTATE OF MICHIGAN** MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE **DEPARTMENT OF HUMAN SERVICES**

ı	N	П	ГН	Ε	M	Δ.	ГΤ	F	R	O	F٠
				_		_		_		$\mathbf{\cdot}$	

Medical Assistance (MA)?

	Reg. No.: Issue No.: Case No.: Hearing Date:	2012-23338 3015 February 2, 2012
	County:	Genesee #2
ADMINISTRATIVE LAW JUDGE: Carmen G. Fa	hie	
HEARING DECI	SION	
This matter is before the undersigned Administration and MCL 400.37 following Claimant's request telephone hearing was held on Thursday, Februarticipants on behalf of Claimant included the Department of Human Services (Department) included	for a hearing. uary 2, 2012 from e clai <u>mant. Partic</u>	After due notice, a Lansing, Michigan.
<u>ISSUE</u>		
Due to excess income, did the Department prope ☐ close Claimant's case ☒ reduce Claimant's be		laimant's application
☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐	Adult Medical Ass State Disability A	sistance (AMP)? ssistance (SDA)?

## **FINDINGS OF FACT**

Child Development and Care (CDC)?

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1.	Claimant	☐ applied for benefits for:	⊠ received benefits for:
		Independence Program (FIP). ssistance Program (FAP).	☐ Adult Medical Assistance (AMP).☐ State Disability Assistance (SDA).
	Medica	l Assistance (MA).	☐ Child Development and Care (CDC).

2.	On December 17, 2011, the Department  denied Claimant's application  due to excess income.
3.	On December 17, 2011, the Department sent  Claimant Claimant's Authorized Representative (AR)  notice of the denial. Closure. reduction.
4.	On December 28, 2011, Claimant or Claimant's AHR filed a hearing request, protesting the denial of the application.  denial of the application.
	CONCLUSIONS OF LAW
	partment policies are contained in the Bridges Administrative Manual (BAM), the dges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).
	The Adult Medical Program (AMP) is established by 42 USC 1315, and is ministered by the Department pursuant to MCL 400.10, et seq.
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 ency) 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 stober 1, 1996.
pro im <sub>l</sub> 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 ency) 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 curity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). e Department (formerly known as the Family Independence Agency) administers the A program 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	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. e program is implemented by Title 45 of the Code of Federal Regulations, Parts 98

and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1997 AACS R 400.5001-5015. Additionally, the claimant received a cost of living increase from Social Security. As a result, she had a decrease in her FAP benefits from \$182 to \$169. Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that, due to excess income, the Department □ properly improperly denied Claimant's application reduced Claimant's benefits closed Claimant's case for:  $\square$  AMP  $\square$  FIP  $\boxtimes$  FAP  $\square$  MA  $\square$  SDA  $\square$  CDC. **DECISION AND ORDER** The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department \times \text{did act properly} did not act properly. Accordingly, the Department's AMP FIP FAP MA SDA CDC decision is  $\square$  AFFIRMED  $\square$  REVERSED for the reasons stated on the record. THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER: Carmen G. Fahie Administrative Law Judge For Maura Corrigan, Director Department of Human Services

Date Signed: <u>2/9/12</u>

Date Mailed: <u>2/9/12</u>

**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 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

## CGF/ds

