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

IN THE	MATTER OF:	

	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2012 27035 2009 May 17 2012 Wayne County DHS (18)			
ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris					
HEARING DECIS	<u>ION</u>				
This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claim ant's request for a hearing. After due notice, a telephone hearing was held on May 17, 2012, from Detroit, Mich igan. Participants on behalf of Claimant included the Claimant and an interpreter, behalf of the Department of Human Ser vices (Department) included Assistance Payments Worker, and ISSUE					
Due to a failure to comply with the ve rification properly ☐ deny Claimant's application ☒ close C benefits for:		id the Department] reduce Claimant's			
	State Disability As Child Developmer	ssistance (SDA)? nt and Care (CDC)?			
FINDINGS OF FACT					
The Administrative Law Judge, based upon the cevidence on the whole record, including testimony of		al, and substantia I s as material fact:			
1. Cla imant ☐ applied for ☒ was receiving: ☐FI	P □FAP ⊠MA [□SDA □CDC.			
2. Claimant was required to submit requested verif	ication by Decem	nber 1, 2011.			

3.	On January 1, 2012, the Department denied Claimant's application. closed Claimant's case. reduced Claimant's benefits.
4.	On December 17, 2011, the Department sent notice of the denial of Claimant's application. closure of Claimant's case. reduction of Claimant's benefits.
5.	On December 27, 2011, Claimant filed a hearing request, protesting the denial of claimant's application. closure of Claimant's case. reduction of Claimant's benefits.
	CONCLUSIONS OF LAW
	epartment policies are found in the Bridges Administrative Manual (BAM), the Bridges igibility 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 W ork Opportunity Reconc iliation Act of 1996, Public Law 104-193, USC 601, et seq. The Department (formerly k nown as the Family Independence gency) administers FIP pursuant to MCL 400.10, et seq., and 1997 AACS R 400.3101-31. FI P replace detection to Depe ndent Children (ADC) program effective ctober 1, 1996.
pro im Re Ag	The Food Assistanc e Program (FAP) [fo rmerly known as the Food Sta mp (FS) ogram] is establis hed by the Food St amp Act of 1977, as amend ed, 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 gency) administers FAP pur suant to MCL 400. 10, et seq., and 1997 AACS Reposition 10.3001-3015
Se Th	The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ia ecurity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department (formerly known as the F amily Independence Agency) administers the A program pursuant to MCL 400.10, et seq., and MCL 400.105.
for as	The State Disability Assistance (SDA) progr am which provides financial as sistance disabled persons is established by 2004 PA 344. The Depart ment (formerly known the Family Independence Agency) administers the SDA program pursuant to M CL 0.10, et seq., and 1998-2000 AACS R 400.3151-400.3180.
	The Child Development and Care (CDC) program is establishhed by Titles IVA, IVE at XX of the Soc ial Security Act, the Child Care and Development Block Grant of

1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Fede ral Regulations, Parts 98 and 99. The Department provides services to adult and children pursuant to MCL 400.14(1) and 1997 AACS R 400.5001-5015.

Additionally, in this case it was established at the hearing that the Claimant changed her address but did not notify the Department. The Department sent a redetermination (recertification) for Medical Ass istance to the Claimant at the last address provided by the Claimant. The Claimant did not return the verification. Based upon these facts, and the evidence presented at the hearing, including the Claimant's testimony, it is determined that the Department correctly closed the Claimant's case. The Claimant was advised at the hearing that she must report changes in her residence within 10 days. The Claimant may reapply for Medical Assistance..

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 the Department \square properly \square improperly					
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 ☐ did not act properly.					
Accordingly, the Depar $$ tment's decision is $$ $$ AFFIRMED $$ $$ REVERSED for t reasons stated on the record.	he				

Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: May 23, 2012

Date Mailed: May 23, 2012

NOTICE: Michigan Administrative Hearing Syst em (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the mailing date of this Dec ision and Order. MAHS will not order a rehearing or

reconsideration on the Department's mo tion where the final decis ion 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

Re consideration/Rehearing Request P. O. Box 30639 Lansing, Michigan 48909-07322

LMF/cl

