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

## IN THE MATTER OF:



Reg. No.:2012Issue No.:2006Case No.:Image: County:Hearing Date:JuneCounty:Waye

2012 32689 2006, 2001

June 18, 2012 Wayne County DHS (49)

## 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 June 18, 2012, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included **Example 10**, ES, and **Example 10**, Supervisor.

#### **ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly  $\Box$  deny Claimant's application  $\boxtimes$  close Claimant's case  $\Box$  reduce Claimant's benefits for:

Family Independence Program (FIP)? Food Assistance Program (FAP)? State Disability Assistance (SDA)? Child Development and Care (CDC)?

Medical Assistance (MA)?

|--|

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

- 2. Claimant was required to submit requested verification to a redetermination by 9/1/11.

- 3. The redetermination was sent to the Claimant at the address of record that the Department had which was a set of the claimant at the address of record that the department had which was a set of the claimant at the address of record that the department had which was a set of the claimant at the address of record that the department had which was a set of the claimant at the address of record that the department had which was a set of the claimant at the address of the claimant at the department had which was a set of the claimant at the department had which was a set of the claimant at the department had which was a set of the claimant at the department had which was a set of the claimant at the department at the department had which was a set of the claimant at the department had which was a set of the claimant at the department at the department had which was a set of the claimant at the department at the department had which was a set of the claimant at the department at the department had which was a set of the claimant at the department at the departm
- 4. The Claimant moved to February 2012.
- 5. The Claimant filed a change of address with the Postal Service but did not advise the Department of his new address.
- 6. On February 1, 2012, the Department

denied Claimant's application.

Closed Claimant's Adult Medical Assistance case.

reduced Claimant's benefits .

- 7. On January 20, 2012, the Department sent notice of the
  - denial of Claimant's application.
  - $\boxtimes$  closure of Claimant's case.
  - reduction of Claimant's benefits.
- 8. On January 26, 2012, Claimant filed a hearing request, protesting the denial of claimant's application.
  - $\boxtimes$  closure of Claimant's case.
  - reduction of Claimant's benefits.

## CONCLUSIONS OF LAW

Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

☐ The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and 1997 AACS R 400.3101-3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

☐ The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) program] is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1997 AACS R 400.3001-3015

The Medical Assistance (MA) program is established by the Title XIX of the Social Security 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 MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, *et seq.*, and 1998-2000 AACS R 400.3151-400.3180.

☐ The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social 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 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 Department sent the Claimant several notices to the last address it had for the Claimant, which was the Fort St. address. The Department checked its records and never received a change of address. Claimants are required to provide notice to the Department of their change of address. Based upon the evidence presented, it is concluded that the Claimant never provided the proper address to the Department, and thus based upon the lack of Claimant's response to the redetermination, the Department properly closed the Claimant's AMP case. Exhibit 1 and 2

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 properly improperly

 $\boxtimes$  closed Claimant's case.

denied Claimant's application.

reduced Claimant's benefits.

## **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  $\square$  did act properly  $\square$  did not act properly.

Accordingly, the Department's decision is  $\boxtimes$  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:

1.

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

Date Signed: June 22, 2012

Date Mailed: June 22, 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 to:

Michigan Administrative Hearings Reconsideration/Rehearing Request P. O. Box 30639 Lansing, Michigan 48909-07322

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# 201232689/ LMF

