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

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	Reg. No.: Issue No.: Case No.: Hearing Date: County:	201241305 3008 April 19, 2012 Wayne (18)
ADMINISTRATIVE LAW JUDGE: Alice C. Elkin		
HEARING DECIS	ION	
This matter is before the undersigned Administrative and MCL 400.37 following Claimant's request of telephone hearing was held on April 19, 2012, from behalf of Claimant included Claimant. Participal Human Services (Department) included Supervisor, and Eligibility Specialist.	or a hearing. <i>I</i> m Detroit, Michig nts on behalf of	After due notice, a an. Participants on
ISSUE		
Due to a failure to comply with the verification properly \square deny Claimant's application \boxtimes close 0 benefits for:		
Food Assistance Program (FAP)?	Adult Medical Pro State Disability As Child Developme	• ,
FINDINGS OF FA	<u>ACT</u>	
The Administrative Law Judge, based upon the evidence on the whole record, including testimony		
 Claimant ☐ applied for ☒ was receiving: ☐FI ☐CDC. 	P ⊠FAP □MA [_AMP
3. Claimant ⊠ was ☐ was not provided with a Ve	rification Checklis	st (DHS-3503).

4.	Claimant was required to submit requested verification by February 6, 2012.
5.	On March 1, 2012, the Department denied Claimant's application closed Claimant's case reduced Claimant's benefits for failure to submit verification in a timely manner.
6.	On February 14, 2012, the Department sent notice of the denial of Claimant's application. closure of Claimant's case. reduction of Claimant's benefits.
7.	On March 20, 2012, Claimant filed a hearing request, protesting the denial. \boxtimes closure. \square reduction.
	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 thr	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 gency) administers FIP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 400.3101 rough Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program fective October 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 gency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 10.3001 through Rule 400.3015.
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 A program pursuant to MCL 400.10, et seq., and MCL 400.105.
_ ad	The Adult Medical Program (AMP) is established by 42 USC 1315, and is ministered by the Department pursuant to MCL 400.10, et seq.
	The State Disability Assistance (SDA) program which provides financial assistance 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 2000 AACS, Rule 400.3151 through Rule 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 1999 AC, Rule 400.5001 through Rule 400.5015. Additionally, in this case, in connection with a State Emergency Relief (SER) application Claimant filed in January 2012, the Department learned that Claimant had a checking and savings account. The value of a client's assets, which include checking and savings accounts, must be considered in determining eligibility for FAP and may not exceed \$5000. BEM 400; BEM 213. On January 27, 2012, the Department sent Claimant a Verification Checklist (VCL) in connection with determining his ongoing eliqibility for FAP and Medical Assistance (MA) benefits requesting that Claimant provide a current statement from his bank or financial institution or a completed Verification of Assets form (DHS-20) by February 6, 2012. In response to the VCL, on February 13, 2012, Claimant submitted (i) an account statement concerning his bank account for the period September 23, 2011 to October 24, 2011, and (ii) a handwritten note by Claimant indicating that that the statement was proof of his account closure. For FAP, the Department must use the lowest checking, savings or money market balance in the month when determining asset eligibility. BEM Although the account statement Claimant provided on February 13, 2012, was not a current statement, the purpose of the VCL request was to determine the value of Claimant's account. An examination of the statement after the hearing showed that there were entries on September 29, 2011 for an "early closure fee" and "outstanding item close." As the Department verified at the hearing, the statement also indicated that the ending balance was \$0. The statement, coupled with Claimant's handwritten note, was sufficient to establish that Claimant's account was closed. While Claimant acknowledged at the hearing that he had not provided a statement prepared by the bank concerning the closure of his account, the proof he did provide was sufficient verification that his account was closed and addressed the purpose of the VCL, which was to ascertain the value of Claimant's account. Thus, the Department did not act in accordance with Department policy when it closed Claimant's FAP case effective March 1, 2012 for failure to provide verification. 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 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 \square AFFIRMED \boxtimes 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. Reinstate Claimant's FAP case effective March 1, 2012; and
- 2. Issue supplements for any FAP benefits Claimant was eligible to receive but did not for March 1, 2012, ongoing.

Alice C. Elkin
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 20, 2012

Date Mailed: April 20, 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 receipt 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.

201241305/ACE

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

ACE/hw

