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

## IN THE MATTER OF:



Reg. No.: 2012-47029 Issue Nos.: 2006, 4000 Case No.:

Hearing Date: August 23, 2012 County: Wayne (82-55)

ADMINISTRATIVE LAW JUDGE: Jonathan W. Owens

## **HEARING DECISION**

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 ☐ receive	d benefits for:
	☐ Family Independence Program (FIP). ☐ Food Assistance Program (FAP). ☐ Medical Assistance (MA).	☐ Adult Medical Assistance (AMP). ☐ State Disability Assistance (SDA). ☐ Child Development and Care (CDC).

2.	On April 4, 2012, the Department denied Claimant's application closed Claimant's case due to failure to return verifications.	
3.	On April 6, 2012, the Department sent  Claimant Claimant's Authorized Representative (AR)  notice of the denial. Closure.	
4.	On April 11, 2012, Claimant filed a hearing request, protesting the implication implication implicat	
CONCLUSIONS OF LAW		
Department policies are contained 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 1999 AC, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.		
pro imp 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 ogulations (CFR). The Department (formerly known as the Family Independence ency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 0.3001 through Rule 400.3015.	
Se Th Ag	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 of Human Services (formerly known as the Family Independence ency) administers the MA program pursuant to MCL 400.10, et seq., and MCL 0.105.	
□ 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.	
for Se pro	The State Disability Assistance (SDA) program, which provides financial assistance disabled persons, is established by 2004 PA 344. The Department of Human rvices (formerly known as the Family Independence Agency) administers the SDA ogram pursuant to MCL 400.10, et seq., and 2000 AACS, Rule 400.3151 through le 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.
On November 28, 2011, Claimant submitted an application for MA and SDA benefits. On the Department sent Claimant a verification checklist requesting verifications be submitted to them by the hospital during parts of but not the entire month nor was he able to provide actual dates or evidence proving his hospital stays. Claimant alleged he never saw the verification checklist the Department presented as evidence. It should be noted the address on the verification checklist was verified by Claimant as his address. The form was dated and did, in fact, request Claimant return verifications to the Department by
This Administrative Law Judge finds the Department presented sufficient evidence to demonstrate a verification checklist was sent to Claimant and Claimant failed to provide the requested verifications.
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
<ul> <li>☑ properly denied Claimant's application</li> <li>☐ properly closed Claimant's case</li> <li>☐ improperly denied Claimant's application</li> <li>☐ improperly closed Claimant's case</li> </ul>
for: ☐ AMP ☐ FIP ☐ FAP ☒ MA ☒ SDA ☐ 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 ☑ did act properly. ☐ did not act properly.
Accordingly, the Department's ☐ AMP ☐ FIP ☐ FAP ☒ MA ☒ SDA ☐ CDC decision is ☒ AFFIRMED ☐ REVERSED for the reasons stated on the record.
Jonathan W. Owens Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: September 4, 2012

Date Mailed: September 4, 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

## JWO/pf

