

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.:  
Issue No.:  
Case No.:

[REDACTED]

[REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Suzanne Morris

**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 [REDACTED], Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of Department of Human Services (Department) included [REDACTED].

**ISSUE**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Family Independence Program (FIP)?        | <input checked="" type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> Child Development and Care (CDC)?             |
| <input checked="" type="checkbox"/> Medical Assistance (MA)?       |  |

**FINDINGS OF FACT**

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

1. Claimant  applied for  was receiving:  FIP  FAP  MA  SDA  CDC.
2. Claimant  was  was not provided with a Verification Checklist (DHS-3503) and a Medical Determination Verification Checklist (DHS-3503-MRT).
3. Claimant was required to submit requested verification by [REDACTED].
4. On [REDACTED] the Department  denied Claimant's application  closed Claimant's case  reduced Claimant's benefits for failure to submit verification in a timely manner.

5. On [REDACTED] the Department sent notice of the  
 denial of Claimant's application.  
 closure of Claimant's case.  
 reduction of Claimant's benefits.
6. On [REDACTED], Claimant filed a hearing request, protesting the  
 denial.  closure.  reduction.

### **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 1999 AC, R 400.3101 through Rule 400.3131. 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 1999 AC, R 400.3001 through Rule 400.3015.

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 2000 AACCS, R 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, R 400.5001 through Rule 400.5015.

The claimant testified that she submitted a copy of the Verification Checklist (VCL) that had a written statement on it that she had no income, and no home insurance and verification of her property taxes. The claimant testified that she doesn't remember exactly what date she submitted the material, but the department did have the documents she claimed she submitted. The department faxed the information to this Administrative Law Judge to review. The VCL the client submitted has a handwritten

note from the client that states "was in the hospital on [REDACTED] but incapacitated from [REDACTED] with the client's initials by it. This information was submitted to the department on [REDACTED], but was returned to the client because it needed additional information for an SER application. It was returned to the department on [REDACTED]. However, even if this Administrative Law Judge gives the claimant the first date submitted, [REDACTED] this is past the due date of [REDACTED]. The claimant did not enter the hospital until [REDACTED], after the due date. The claimant provided no evidence to show she was "incapacitated", such as a statement from a physician, from August 1 through the due date and was completely incapable of completing and turning in verifications. Further, the claimant admits that she did not turn in any of the required medical verifications that were also required for both the SDA and MA programs.

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  
 did act properly.       did not act properly.

Accordingly, the Department's decision is  AFFIRMED  REVERSED for the reasons stated on the record.

/s/ \_\_\_\_\_  
Suzanne L. Morris  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

**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.

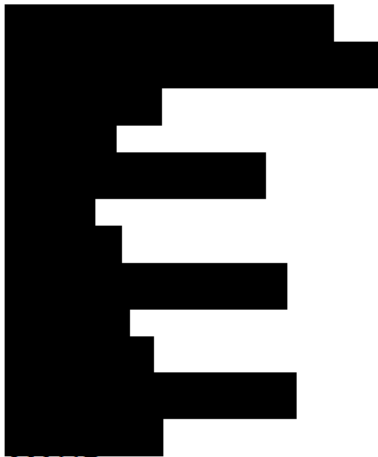
Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** 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

SLM/jk

cc:

A large black rectangular redaction box covers the majority of the 'cc:' field, obscuring the names of the recipients.

MAHS