## 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:	2012-72999 3008 September 27, 2012		
	County:	Oakland (63-03)		
ADMINISTRATIVE LAW JUDGE: Susan C. Burl	ке			
HEARING DEC	SION			
This matter is before the undersigned Administration and MCL 400.37 following Claimant's request telephone hearing was held on September Participants on behalf of Claimant included Claimant of Human Services (Department) included.	for a hearing. 27, 2012, from aimant <u>. Participar</u>	After due notice, a Detroit, Michigan.		
<u>ISSUE</u>				
Due to a failure to comply with the verification properly $\square$ deny Claimant's application $\boxtimes$ close benefits for:				
☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)?		ssistance (SDA)? nt and Care (CDC)?		
FINDINGS OF FACT				
The Administrative Law Judge, based upon the evidence on the whole record, including testimony				
1. Claimant ☐ applied for ☒ was receiving: ☐I	FIP ⊠FAP □MA [	□SDA □CDC.		

2. Claimant was required to submit requested verification by August 10, 2012.

3.	On September 1, 2012, the Department  denied Claimant's application.  closed Claimant's case.  reduced Claimant's benefits.
4.	On August 11, 2012, the Department sent notice of the denial of Claimant's application.  closure of Claimant's case. reduction of Claimant's benefits.
5.	On August 22, 2012, 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 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 1997 AACS R 400.3101-31. FIP replaced the Aid to Dependent Children (ADC) program effective ctober 1, 1996.
pro im <sub>l</sub> 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 1997 AACS R 0.3001-3015
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.
for as	The State Disability Assistance (SDA) program which provides financial assistance disabled persons is established by 2004 PA 344. The Department (formerly known the Family Independence Agency) administers the SDA program pursuant to MCL 0.10, et seq., and 1998-2000 AACS R 400.3151-400.3180.
	The Child Development and Care (CDC) program is established by Titles IVA, IVE AXX 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.

Clients must cooperate with the local Department office in obtaining verification for determining initial and ongoing eligibility. BAM 105; BAM 130. The client should be allowed 10 calendar days to provide the verification. BAM 130. If the client refuses to provide the information or has not made a reasonable effort within the specified time period, then policy directs that a negative action be issued. *Id.* 

Tell the client what verification is required, how to obtain it, and the due ate; see **Timeliness of Verifications** in this item. Use the DHS-3503, Verification Checklist (VCL), or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. *Id.* 

In the present case, Claimant testified credibly that when he received the verification checklist, he attempted several times to obtain the information from his former employer, and that he was informed by the employer that the information would be issued to the Department. In addition, Claimant testified that his Department worker also unsuccessfully attempted to obtain information from the employer. Based on the above discussion, it cannot be concluded that Claimant failed to cooperate with the Department.

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
<ul><li>☐ closed Claimant's case.</li><li>☐ denied Claimant's application.</li><li>☐ reduced Claimant's benefits.</li></ul>
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 $\square$ AFFIRMED $\boxtimes$ REVERSED for the reasons stated on the record.
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- 1. Initiate reinstatement of Claimant's FAP case effective September 1, 2012, if Claimant is otherwise eligible for FAP.
- 2. Issue FAP supplements, in accordance with Department policy.

Susan C. Burke

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

Moa C. Bruke

Date Signed: October 4, 2012

Date Mailed: October 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.

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

## SCB/pf

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