

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012-56136
Issue Nos.: 1000, 2018, 3019
Case No.: [REDACTED]
Hearing Date: July 5, 2012
County: Wayne (82-35)

ADMINISTRATIVE LAW JUDGE: Kathleen H. Svoboda

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 July 5, 2012, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED]

ISSUE

Did the Department properly deny Claimant's application close Claimant's case for:

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

FINDINGS OF FACT

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 received benefits for:

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

2. On June 1, 2012, the Department
 denied Claimant's application closed Claimant's case
due to failure to provide employment information or income verification.
3. On May 16, 2012, the Department sent
 Claimant Claimant's Authorized Representative (AR)
notice of the denial. closure.
4. On May 22, 2012, Claimant filed a hearing request, protesting the
 denial of the application. closure of the case.

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.

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, Rule 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 of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq.*

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department of Human Services (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, the Hearing Summary (DHS form 3050) stated that Claimant requested a hearing relating to the Department notice denying her request for cash benefits; however, the Department has since corrected the case and Claimant states she no longer needs a hearing on this matter.

A notice of case action was included with the Hearing Summary that states Claimant's case was closed for failure to provide requested verification.

The Department testified that the Hearing Summary was incorrect; however, a corrected Hearing Summary was not provided. Claimant testified that she applied to have her son added to her FAP benefits, increasing her group size. She attended an appointment with [REDACTED], a Department worker at the Redford office, who advised Claimant that the Department had everything they needed to add Claimant's son to the group and there was nothing else needed. Claimant's Request for Hearing referenced FAP and MA benefits only.

Claimant ascertained that her benefits had been terminated when she attempted to use her Medicaid card to pay for prescriptions at her local pharmacy. Claimant could not recall receiving any Verification Checklist, nor could she recall receiving any paperwork from the Department asking for additional information, although Claimant did allow that maybe if she saw these papers she would recall.

The Department could not confirm that a request for additional information in the form of a Verification Checklist was sent to Claimant. There was no documentation presented by the Department except the incorrect Hearing Summary and the Notice of Case Action dated May 15, 2012.

Claimant testified that, at the time of the appointment with Ms. Allen, she confirmed that she was not employed. She also advised that the child's father was not employed. Subsequently, the Department learned that the child's father had recently procured new employment as of April 13, 2012. However, there is no evidence that additional verification was sought from Claimant, nor was there evidence provided that Claimant knew of the employment at the time of her interview with the Department.

The Department cites BEM 210 and 214 in support of its action. It should be noted that BEM 210 pertains to Family Independence (FIP) program benefits. BEM 214 pertains to SDA/AMP Group Composition. The more pertinent policy provision would relate to the issue of verification as articulated in BAM 130, which expressly directs the

Department to advise the client what verification is required, how to obtain it and the due date, and further directs the Department as to what DHS form must be used.

In this case, there is no evidence that the Department sought verification from Claimant. Claimant testified credibly to attending the appointment with [REDACTED] and being assured that there were no issues or additional information needed. [REDACTED] did not refute this assertion, but testified that, subsequently, an issue arose regarding employment of a group member, but there was no documentation provided as evidence that a Verification Checklist had been sent to Claimant pursuant to policy.

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 denied Claimant's application improperly denied Claimant's application
 properly closed Claimant's case improperly closed Claimant's case

for: AMP FIP FAP MA SDA CDC.

DECISION AND ORDER

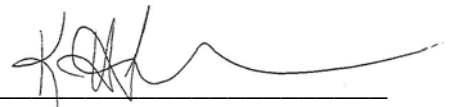
The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department

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.

THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Initiate the reinstatement of Claimant's FAP and MA benefits in accordance with policy, if such benefits did not continue through the pendency of the hearing.
2. Initiate payment of a supplement for benefits due and owing Claimant, if any, as a result of the closure of Claimant's case.



Kathleen H. Svoboda
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: July 10, 2012

Date Mailed: July 11, 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 **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

KHS/pf

cc:

