

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

Reg. No.: 2013-20909  
Issue No.: 6019  
Case No.: ██████████  
Hearing Date: May 9, 2013  
County: Wayne (17)

**ADMINISTRATIVE LAW JUDGE:** Jan Leventer

**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 May 9, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ Family Independence Specialist and ██████████, Department Interpreter.

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

2. On November 18, 2012, the Department  
 denied Claimant's application       closed Claimant's case  
due to .
3. On December 11, 2012, the Department sent  
 Claimant       Claimant's Authorized Representative (AR)  
notice of the       denial.       closure.
4. On December 18, 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 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 following findings of fact and conclusions of law are entered in this case. Claimant applied for CDC benefits on November 26, 2012.

On December 3, 2012, the Department issued a Child Development and Care Provider Verification form to Claimant requesting information about Claimant's child care provider. Dept. Exh. 1, pp. 12-13.

There is nothing in the record to establish that Claimant provided the requested information to the Department. Although at the hearing, Claimant testified she did so, she did not present documentation at the hearing, and the Department case file did not contain this information.

Next, On December 11, 2012, the Department sent Claimant a Change Report form, and similarly, there is no proof of record that Claimant filled out and submitted this form at any time to the Department. *Id.* pp. 10-11.

Third, on December 18, 2012, 18, 2012, the Department issued a Notice of Case Action stating its intention to deny Claimant's application, and requesting child day care provider information a second time. At the hearing the Claimant testified that she did not supply anything to the Department in response to this request because she believed she had already supplied them with everything they needed. Dept. Exh 1, pp. 4-9.

Bridges Administrative Manual (BAM) 105, "Rights and Responsibilities," states that the Department's duties are to determine eligibility, provide benefits and protect client rights. Also, BAM 105 states that the client's responsibility is to cooperate fully with the Department's requests for information. Department of Human Services Bridges Administrative Manual (BAM) 105 (2013).

Applying BAM 105 to this case, it is found and determined that the Claimant failed to fulfill her responsibility to provide complete information to the Department about the child care provider she wished to use. Without complete information, the Department cannot determine whether the client has an eligible child care provider. If there is no eligible child care provider, the Department cannot approve CDC benefits for the customer. Department of Human Services Bridges Eligibility Manual (BEM) 703 (2012).

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.



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

Date Signed: May 29, 2013

Date Mailed: May 29, 2013

**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 affect the substantial rights of the claimant:
  - 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

JL/tm

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]