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

IN THE MATTER OF:		
	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2013-21809 2006, 2012 SSPC-WEST
ADMINISTRATIVE LAW JUDGE: Kevin Scully	у	
HEARING DE	CISION	
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 behalf of Claimant included Participants on behalf of Department of Human Services (Department) included.		
ISSUE		
Did the Department properly $\boxtimes$ deny Claimar for:	nt's application 🗌 cl	ose Claimant's case
☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☑ Medical Assistance (MA)?		sistance (AMP)? ssistance (SDA)? nt and Care (CDC)?
FINDINGS O	F FACT	
The Administrative Law Judge, based on the evidence on the whole record, finds as material		rial, and substantial
Claimant ⊠ applied for benefits □ received	d benefits for:	
<ul><li>☐ Family Independence Program (FIP).</li><li>☐ Food Assistance Program (FAP).</li><li>☐ Medical Assistance (MA).</li></ul>		ssistance (AMP). Assistance (SDA). ent and Care (CDC).

2. (	On the Department denied the Claimant's application for Medical Assistance (MA).		
_	On, the Department sent Claimant		
4. <b>C</b>	On, Claimant filed a hearing request, protesting the in denial of the application.		
CONCLUSIONS OF LAW			
-	artment policies are contained in the Bridges Administrative Manual (BAM), the ges 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, <i>et seq.</i> , 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 of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, <i>et seq.</i> , 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, <i>et seq.</i> , and 2000 AACS, R 400.3151 through Rule 400.3180.		

The Department failed to present sufficient evidence or testimony on the record to establish that the Claimant's application was denied in accordance with policy.

stated on the	the above Findings of Fact and Conclusions of Law, and for the reasons e record, the Administrative Law Judge concludes that the Department enied Claimant's application osed Claimant's case improperly closed Claimant's case
for: AMP	☐ FIP ☐ FAP ☒ MA ☐ SDA ☐ CDC.
	DECISION AND ORDER
	rative Law Judge, based upon the above Findings of Fact and Conclusions or the reasons stated on the record, finds that the Department
$oxed{\boxtimes}$ did act pro	perly.
	he Department's AMP FIP FAP MA SDA CDC decision IED REVERSED for the reasons stated on the record.
	ARTMENT <b>IS ORDERED</b> TO DO THE FOLLOWING WITHIN 10 DAYS OF F MAILING OF THIS DECISION AND ORDER:
	Allow the Claimant a ten-day period provide the Department with medical documentation necessary to submit her case to the Medical Review Team (MRT).
	Reprocess the Claimant's application for benefits and initiate a determination of the Claimant's eligibility for Medical Assistance (MA) as of
3.	Provide the Claimant with a Notice of Case Action (DHS-1605) describing the Department's revised eligibility determination.
4.	Issue the Claimant any retroactive benefits she may be eligible to receive, if any.

Date Signed: <u>06/07/2013</u>

Date Mailed: <u>06/07/2013</u>

**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

KS/kI

CC:

