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:	2013-20496 2000, 4000 Kalamazoo DHS (00)	
ADMINISTRATIVE LAW JUDGE: Kevin Scully	/		
HEARING DE	CISION		
This matter is before the undersigned Administ and MCL 400.37 following Claimant's requetelephone hearing was held on behalf of Claimant included behalf of Department of Human Services (Department)	est for a hearing. from , Michi and	After due notice, a gan. Participants on Participants on	
ISSUE			
Did the Department properly $oxedsymbol{oxed}$ deny Claimar for:	nt's application 🔲 cl	lose Claimant's case	
☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)?	☐ Adult Medical As ☑ State Disability A ☐ Child Developme	, ,	
FINDINGS O	F FACT		
The Administrative Law Judge, based on the evidence on the whole record, finds as material	•	rial, and substantial	
 Claimant			
☐ Family Independence Program (FIP).☐ Food Assistance Program (FAP).☒ Medical Assistance (MA).	State Disability A	ssistance (AMP). Assistance (SDA). ent and Care (CDC).	

2.	On the Department
	□ denied Claimant's application □ closed Claimant's case due to the Claimant's statement on her application that she is not disabled or meet the criteria for any other category of Medical Assistance (MA).
3.	On the Department sent
	☐ Claimant ☐ Claimant's Authorized Representative (AR)notice of the ☐ denial. ☐ closure.
4.	On Claimant filed a hearing request, protesting the
	$oxed{\boxtimes}$ denial of the application. $oxed{\square}$ closure of the case.
	CONCLUSIONS OF LAW
	epartment policies are contained in the Bridges Administrative Manual (BAM), the idges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).
Re 42 Ag thr	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 1999 AC, R 400.3101 rough Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program fective October 1, 1996.
pro im 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 1999 AC, R 400.3001 rough Rule 400.3015.
Se Th Ag	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 of Human Services (formerly known as the Family Independence gency) administers the MA program pursuant to MCL 400.10, et seq., and CL 400.105.
_	The Adult Medical Program (AMP) is established by 42 USC 1315, and is ministered by the Department pursuant to MCL 400.10, et seq.
for	The State Disability Assistance (SDA) program, which provides financial assistance disabled persons, is established by 2004 PA 344. The Department of Human ervices (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 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.
Additionally, based on information supplied by the Claimant on her application for assistance, which was submitted on the internet, the Claimant does not meet the criteria for any available category of Medical Assistance (MA), and does not meet the criteria for State Disability Assistance (SDA), which requires her to be unable to work for over 90 days.
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 ☐ properly closed Claimant's case ☐ improperly denied Claimant's application ☐ improperly closed Claimant's case
for:
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 not act properly.
Accordingly, the Department's AMP FIP FAP MA 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:

Date Signed: 05/17/2013

Date Mailed: <u>05/17/2013</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: