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

DHS #20

## IN THE MATTER OF:

	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2013-28587 3008; 2001 March 27, 2013 Washtenaw County
ADMINISTRATIVE LAW JUDGE: Carmen G	6. Fahie	
HEARING D	ECISION	
This matter is before the undersigned Administration and MCL 400.37 following Claim ant's requestelephone hearing was held on Wednesday, Participants on behalf of Cla imant included Department of Human Services (Department)	est for a hearing. Afte March 27, 2013 fr on the claim <u>ant. Particip</u>	r due notice, a n Lansing, Michig an.
<u>ISSU</u>	<u>IE</u>	
Due to excess income, did the Department pr ☑ close Claimant's case ☐ reduce Claimant	· · -	laimant's applic ation
<ul><li>☐ Family Independence Program (FIP)?</li><li>☐ Food Assistance Program (FAP)?</li><li>☐ Medical Assistance (MA)?</li></ul>		sistance (AMP)? ssistance (SDA)? ent and Care (CDC)?
Due to a failure to comply with the ve rification requirements, did the Department properly ☐ deny Claimant's application ☒ close Claimant's case ☐ reduce Claimant's benefits for:		
☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)?	□ Adult Medical As     □ Child Developme     □ State Emergence	ent and Care (CDC)?
FINDINGS (	OF FACT	
The Administrative Law Judge, based on t he competent, material, and substantial evidence on the whole record, finds as material fact:		
1. Cla imant  applied for benefits for: [	☑ received benefits fo	or:
☐ Family Independence Program (FIP).	⊠ Adult Medical As	ssistance (AMP).

	<ul><li>☐ Food Assistance Program (FAP).</li><li>☐ Medical Assistance (MA).</li><li>☐ State Disability Assistance (SDA).</li><li>☐ Child Development and Care (CDC).</li></ul>
2.	On January 30, 2013, the Department   denied Claimant's application   denied Claimant's case   due to excess income for AMP and failure to provide verification for FAP.
3.	On January 30, 2013, the Department sent  Claimant Claimant's Authorized Representative (AR)  notice of the denial. Closure. reduction.
4.	On February 5, 2013, Claimant or Claimant's AHR filed a hearing request, protesting the   denial of the application.   closure of the case.   reduction of benefits.
	CONCLUSIONS OF LAW
	epartment policies are contained in the Br idges Administrative Manual (BAM), the idges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).
_	The Adult Medical Program (AMP) is established by 42 USC 1315, and is ministered by the Department pursuant to MCL 400.10, <i>et seq</i> .
Re 42 Ag 31	The Family Independence Program (FIP) was established pursuant to the Personal esponsibility and W ork Opportunity Reconciliation Act of 1996, Public Law 104-193, USC 601, et seq. The Department (formerly known as the Family Independence lency) 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 stober 1, 1996.
pro imp Re Ag	The Food Assistanc e Program (FAP) [fo rmerly known as the Food Sta mp (FS) ogram] is establis hed by the Food Stamp Act of 1977, as amend ed, 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 elency) administers FAP pur suant to MCL 400. 10, et seq., and 1997 AACS R 0.3001-3015.
Se Th	The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ial curity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). e Department (formerly known as the F amily Independence Agency) administers the A program pursuant to MCL 400.10, et seq., and MCL 400.105.
for as	The State Disabilit y 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 M CL 0.10, et seq., and 1998-2000 AACS R 400.3151-400.3180.
	The Child Development and Care (CDC) program is establis hed by Titles IVA, IVE d XX of the Soc ial Security Act, the Ch ild Care and Developm ent Block Grant of

Date Mailed: April 4, 2013

1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of F ederal Regulations, Parts 98 and 99. The Department provides services to adult sand children pursuant to MCL 400.14(1) and 1997 AACS R 400.5001-5015.

Additionally, the claimant was a recipient of FAP, but failed to provide verification of her job closure, which resulted in her FAP ca se being closed. The claimant had exces s income for AMP. Her earned inc omes exceeds the income limits for AMP. Therefore, the department has met its bur den that the claimant had exces s income for AMP and failed to provide verification for continued eligibility of FAP.

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**NOTICE**: Michigan Administrative Hearing S ystem (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the mailing date of this Dec ision and Order. MAHS will not or der a rehearing or reconsideration on the Department's mo tion where the final decis ion 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 mailing of the Decision and Order or, if a ti mely 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

Re consideration/Rehearing Request P.O. Box 30639
Lansing, Michigan 48909-07322

## CGF/hj

