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

| DEPARTMENT OF HUMAN SERVICES | | | | |
|--|--|--|--|--|
| IN THE MATTER OF: | | | | |
| | Reg. No.: 201333161 Issue No.: 3002 Case No.: Hearing Date: County DHS: | | | |
| ADMINISTRATIVE LAW JUDGE: Kevin Scul | ly | | | |
| HEARING DECISION | | | | |
| | from Par ticipants on behalf of | | | |
| ISSU | E | | | |
| Due to excess income, did the Department properly ☑ deny the Claimant's applic ation ☐ close Claimant's case ☐ reduce Claimant's benefits for: | | | | |
| ☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)? | ☐ Adult Medical Assistance (AMP)?☐ State Disability Assistance (SDA)?☐ Child Development and Care (CDC)? | | | |
| FINDINGS OF FACT | | | | |
| The Administrative Law Judge, based on t evidence on the whole record, finds as material | he competent, material, and substantial al fact: | | | |
| 1. Cla imant ⊠ applied for benefits for: ☐ red | ceived benefits for: | | | |
| ☐ Family Independence Program (FIP).☐ Food Assistance Program (FAP).☐ Medical Assistance (MA). | ☐ Adult Medical Assistance (AMP). ☐ State Disability Assistance (SDA). ☐ Child Development and Care (CDC). | | | |

2. On the Department ⊠ denied Claimant's application due to excess income.

| 3. | On the Department sent Claimant notice of the: |
|-----------------------|--|
| | denial. □ closure. □ reduction. |
| 4. | On the Departm ent received the Claim ant's hearing request, protesting the: |
| | □ denial of the application. □ closure of the case. □ reduction of benefits. |
| | CONCLUSIONS OF LAW |
| | partment policies are contained in the Br idges Administrative Manual (BAM), the dges Eligibility Manual (BEM), and the Reference Tables Manual (RFT). |
| | The Adult Medical Program (AMP) is established by 42 USC 1315, and is ninistered by the Department pursuant to MCL 400.10, <i>et seq</i> . |
| Re 42 Ag thr | The Family Independence Program (FIP) was established pursuant to the Personal sponsibility and W ork Opportunity Reconciliation Act of 1996, Public Law 104-193, USC 601, et seq. The Department (formerly known as the Family Independence ency) administers FIP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.3101 ough Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program ective October 1, 1996. |
| pro im Re Ag | The Food Assistanc e Program (FAP) [fo rmerly known as the Food Sta mp (FS) gram] is establis hed by the Food St amp Act of 1977, as amend ed, and is plemented by the federal regulations contained in Title 7 of the Code of Federal gulations (CFR). The Department (formerly known as the Family Independence ency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.3001 bugh Rule 400.3015. |
| 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). Department (formerly known as the F amily Independence Agency) administers the 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 MCL 0.10, et seq., and 2000 AACS, R 400.3151 through Rule 400.3180. |

201333161/KS

| The Child Development and Care (CDC) program is establis hed by Titles IVA, IVE and XX of the Soc ial Security Act, the Child Care and Developm ent 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 and 99. The Department provides services to adult 400.14(1) and 1999 AC, R 400.5001 through Rule 400 | of Fede ral Regulations, Parts 98 s and children pursuant to MCL | | |
| Based upon the abov e Findings of Fact and Conclus stated on the record, the Administrative La w Judge income, the Department ⊠ properly ☐ imp | | | |
| □ denied Claimant's application □ reduced Claimant's benefits □ 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 SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record. | | | |
| | | | |
| | /s/ Kevin Scully | | |
| | Administrative Law Judge For Maura Corrigan, Director | | |
| Date Signed: 04/05/2013 | Department of Human Services | | |
| | | | |

Date Mailed: <u>04/05/2013</u>

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. (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 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 ot her relevant iss ues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at:

Michigan Administrative hearings
Recons ideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

KS/kl

