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 DHS: | 201338297 3008, 3002 May 1, 2013 Genesee (02) | | |
| ADMINISTRATIVE LAW JUDGE: Kevin Scull | у | | | |
| HEARING DE | CISION | | | |
| telephone hearing was held on | trative Law Judge pursuar st for a hearing. After due from Lansing, Michigan. ipants on behalf of Depar | e notice, a Participants on | | |
| ISSUE | | | | |
| Due to excess income, did the Department pro ☐ close Claimant's case ☐ reduce Claimant's | | ant's applic atior | | |
| ☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)? | Adult Medical Assista State Disability Assist Child Development a | ance (SDÁ)? | | |
| FINDINGS O | F FACT | | | |
| The Administrative Law Judge, based on tevidence on the whole record, finds as material | ne competent, material, ar I fact: | nd substantial | | |
| 1. Cla imant ☐ applied for benefits for: ☒ red | ceived benefits for: | | | |
| ☐ Family Independence Program (FIP). ☑ Food Assistance Program (FAP). ☐ Medical Assistance (MA). | ☐ Adult Medical Assista☐ State Disability Assist☐ Child Development a | ance (SDÁ). | | |

On the Department income and shelter expenses being removed from the budget.

2. On

| 3. | the Department sent \boxtimes Claimant notice of the: | |
|-----------------------|---|--|
| | ☐ denial. ☐ closure. ☑ reduction. | |
| 4. | 4. On the Department reprotesting the: | eceived the Claimant's hearing request, |
| | ☐ denial of the application.☐ closure of the case.☐ reduction of benefits. | |
| | CONCLUSIO | NS OF LAW |
| | Department policies are contained in the Br Bridges Eligibility Manual (BEM), and the Re | ` , |
| | ☐ The Adult Medical Program (AMP) is administered by the Department pursuant to | • |
| Re 42 Ag thr | ☐ The Family Independence Program (FIP) Responsibility and W ork Opportunity Reconda USC 601, et seq. The Department (form Agency) administers FIP pursuant to MCL 4 through Rule 400.3131. FIP replaced the A effective October 1, 1996. | e iliation Act of 1996, Public Law 104-193, erly k nown as the Family Independence 00.10, et seq., and 1999 AC, R 400.3101 |
| pro im Re Ag | ☐ The Food Assistanc e Program (FAP) [for program] is establis hed by the Food St implemented by the federal regulations cor Regulations (CFR). The Department (form Agency) administers FAP pursuant to MCL 4 through Rule 400.3015. | amp Act of 1977, as amend ed, and is stained in Title 7 of the Code of Federal erly known as the Family Independence |
| Se Th | ☐ The Medical Ass istance (MA) program is Security Act and is im plemented by Title 42 The Department (formerly known as the F ar MA program pursuant to MCL 400.10, et seq | of the Code of Federal Regulations (CFR). nily Independence Agency) administers the |
| for as | ☐ The State Disabilit y Assistance (SDA) profor disabled persons, is established by 2004 as the F amily Independence Agency) admin 400.10, et seq., and 2000 AACS, R 400.315 | PA 344. The Department (formerly known isters the SDA program pursuant to MCL |

| ☐ 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 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 adult and children pursuant to MCL 400.14(1) and 1999 AC, R 400.5001 through Rule 400.5015. |
|--|
| Department of Human Services Bridges Eligibility Manual (BEM) 554 (October 1, 2012), p 11, includes the following instructions for the Department: "If the client fails to verify a reported change in shelter, remove the old expense until the new expense is verified." |
| On the claimant report ed that his monthly shelter expenses had changed as of the claimant's eligibility to receive benefit s. The Department did not receive verification of the new shelter expenses until the claimant's eligibility. |
| Based upon the abov e Findings of Fact and Conclus ions of Law, and for the reasons stated on the record, the Administrative La w Judge concludes that, due to excess income, the Department properly improperly |
| ☐ denied Claimant's application ☐ reduced Claimant's benefits ☐ 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 not act properly. |
| Accordingly, the Department's AMP FIP FIP FAP MA SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record. |
| <u>/s/</u> Kevin Scully Administrative Law Judge For Maura Corrigan, Director Department of Human Services Date Signed: 05/06/2013 |
| |
| Date Mailed: <u>05/06/2013</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/kI

