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:	2013-40832 3029;2018 May 14, 2013 Macomb County DHS #20
ADMINISTRATIVE LAW JUDGE: Carmen G.	Fahie	
HEARING DECISION		
This matter is before the undersigned Administ and MCL 400.37 following Claim ant's requestelephone hearing was held on Tuesday , M Participants on behalf of Cla imant included the Department of Human Services (Department) OIG Agent.	st for a hearing. Afte ay 14, 2013 from La ne claiman <u>t. Particip</u> a	r due notice, a nsing, Michigan.
ISSUE	į	
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)?		sistance (AMP)? ssistance (SDA)? ent and Care (CDC)?
FINDINGS OF FACT		
The Administrative Law Judge, based on tevidence on the whole record, finds as material	ne competent, materi I fact:	al, and substantial
1. Cla imant ☐ applied for benefits for: ☐	received benefits fo	r:
 ☐ Family Independence Program (FIP). ☐ Food Assistance Program (FAP). ☐ Medical Assistance (MA). 	State Disability A	ssistance (AMP). Assistance (SDA). ent and Care (CDC).
	nied Claimant's appli aimant's benefits that she quit a job w	

written verification requir ed to determine good cause, where the department has sent verification checklist for the claimant to provide the required written verification.

 On April 3, 2013, the Department sent ☐ Claimant ☐ Claimant's Authorized Representative (AR) notice of the ☐ denial. ☐ closure. ☐ reduction. 		
 On April 11, 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		
Department policies are contained in the Br idges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).		
☐ The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, <i>et seq</i> .		
☐ The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and W ork 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 1997 AACS R 400.3101 3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.		
☑ The Food Assistanc e Program (FAP) [fo rmerly known as the Food Sta mp (FS) program] is establis hed by the Food St amp Act of 1977, as amend ed, 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 pur suant to MCL 400. 10, et seq., and 1997 AACS R 400.3001-3015.		
☐ The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ia Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department (formerly known as the F amily Independence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105.		
☐ The State Disabilit y Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department (formerly known as the Family Independence Agency) administers the SDA program pursuant to M CI 400.10, 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 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 sand children pursuant to MCL 400.14(1) and 1997 AACS R 400.5001-5015.		

Additionally, the claimant was a was a rec epient of FAP benefits. She quit a job and provided v erification that the job had ended. However, she did not provide written

Date Mailed: May 21, 2013

verification of the m edical reas on for qui tting the job. The d epartment caseworker reduced her FAP as is requir ed by policy and request ed the required verification. The required verifications were due on April 25, 2013.

The department caseworker received the required verification for medical good cause. The claimant did receive a supplement of FAP retroactive to her sanction date of March 16, 2013. Her FAP is currently back to the pre-sanction amount. Her MA was never closed and continues to be on.

The department has met its burden that it correctly reduced the claimant's FAP until she provided good cause. BEM 500 and 550.
Based upon the abov e Findings of Fact and Conclus ions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that, due to excess income, the Department \boxtimes properly \square improperly
☐ 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 FIP FAP MA SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record.
/s/ Carmen G. Fahie Administrative Law Judge For Maura Corrigan, Director Department of Human Services
Date Signed: May 21, 2013

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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

