

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

**IN THE MATTER OF:**



Reg. No.: 201341896  
Issue No.: 2000; 3000  
Case No.: [REDACTED]  
Hearing Date: May 16, 2013  
County: Ingham

**ADMINISTRATIVE LAW JUDGE:** Susanne E. Harris

**SETTLEMENT ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on May 16, 2013, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and the Claimant's [REDACTED]. Participants on behalf of the Department of Human Services (Department) included Eligibility Specialist, [REDACTED] and Assistance Payments Supervisor, [REDACTED].

**ISSUE**

Whether the Department properly:

- |  |  |
|--|--|
| <input type="checkbox"/> denied Claimant's application for benefits  | <input type="checkbox"/> closed Claimant's case for benefits |
| <input checked="" type="checkbox"/> reduced Claimant's benefits for: |  |
| <input type="checkbox"/> Family Independence Program (FIP)?          | <input type="checkbox"/> State Disability Assistance (SDA)?  |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP)?   | <input type="checkbox"/> Child Development and Care (CDC)?   |
| <input type="checkbox"/> Medical Assistance (MA)?                    | <input type="checkbox"/> State Emergency Services (SER)?     |
| <input type="checkbox"/> Adult Medical Assistance (AMP)?             |  |

And whether the Department properly:

- |   |  |
|---|--|
| <input type="checkbox"/> denied Claimant's application for benefits       | <input type="checkbox"/> closed Claimant's case for benefits |
| <input checked="" type="checkbox"/> determined Claimant's deductible for: |  |
| <input type="checkbox"/> Family Independence Program (FIP)?               | <input type="checkbox"/> State Disability Assistance (SDA)?  |
| <input type="checkbox"/> Food Assistance Program (FAP)?                   | <input type="checkbox"/> Child Development and Care (CDC)?   |
| <input checked="" type="checkbox"/> Medical Assistance (MA)?              | <input type="checkbox"/> State Emergency Services (SER)?     |
| <input type="checkbox"/> Adult Medical Assistance (AMP)?                  |  |

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On February 1, 2013, the Department:

- denied Claimant's application for benefits
- closed Claimant's case for benefits
- reduced Claimant's benefits under the following program(s):

FIP    FAP    MA    AMP    SDA    CDC    SER.

2. On February 1, 2013, the Department:

- denied Claimant's application for benefits
- closed Claimant's case for benefits
- determined Claimant's deductible under the following program(s):

FIP    FAP    MA    AMP    SDA    CDC    SER.

3. On January 24, 2013, the Department sent notice to Claimant (or Claimant's Authorized Hearing Representative) of the:

- denial
- closure
- FAP reduction and MA deductible determination.

4. On April 12, 2013, Claimant filed a request for hearing concerning the Department's action.

**CONCLUSIONS OF LAW**

Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), the Reference Tables Manual (RFT), and the State Emergency Relief Manual (ERM).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work 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 1999 AC, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) program] is established by the Food Stamp Act of 1977, as amended, 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 pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3001 through Rule 400.3015.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security 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 Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq.*

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, *et seq.*, and 2000 AACS, Rule 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, Rule 400.5001 through Rule 400.5015.

The State Emergency Relief (SER) program is established by 2004 PA 344. The SER program is administered pursuant to MCL 400.10, *et seq.*, and by 1999 AC, Rule 400.7001 through Rule 400.7049. Department policies are found in the State Emergency Relief Manual (ERM).

The law provides that disposition may be made of a contested case by stipulation or agreed settlement. MCL 24.278(2).

In the present case, Claimant requested a hearing to dispute the Department's action. Soon after commencement of the hearing, the parties testified that they had reached a settlement concerning the disputed action. Consequently, the Department agreed to do the following: Redetermine the Claimant's deductible for MA back to April 19, 2011 based on medical bills she can verify and redetermine the Claimant's eligibility for FAP back 90 days from May 16, 2013, including medical bills she can verify.

As a result of this settlement, Claimant no longer wishes to proceed with the hearing. As such, it is unnecessary for this Administrative Law Judge to render a decision regarding the facts and issues in this case.

**DECISION AND ORDER**

The Administrative Law Judge concludes that the Department and Claimant have come to a settlement regarding Claimant's request for a hearing.

THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING:

1. Initiate action to re-determine the Claimant's deductible for MA back to April 19, 2011 based on medical bills she can verify, and
2. Initiate action to re-determine the Claimant's eligibility for FAP back 90 days from May 16, 2013, including medical bills she can verify.

/s/

Susanne E. Harris  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 5/20/13

Date Mailed: 5/20/13

**NOTICE:** 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 **MAY** 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

SEH/tb

cc:

