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

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	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2013-50332 3008; 2006 July 2, 2013 DHS-SSPC West
ADMINISTRATIVE LAW JUDGE: Carmen G.	Fahie	
HEARING DE	CISION	
This matter is before the undersigned Administrand MCL 400.37, following Claimant's requestelephone hearing was held on Tuesday, J. Participants on behalf of Claimant included, the Representative, was not present of the written decision, as is required by policy. Human Services (Department) included, Cather	est for a hearing. Iuly 2, 2013, from The Claimant. The Chart at the hearing, but Participants on beh	After due notice, a Lansing, Michigan. aimant's Authorized will be sent a copy
ISSUE		
Due to a failure to comply with the verifical properly \boxtimes deny Claimant's application \square clos benefits for:	·	
☐ Family Independence Program (FIP)?☐ Food Assistance Program (FAP)?☐ Medical Assistance (MA)?	☐ State Disability A:☐ Child Developme☐ State Emergency	nt and Care (CDC)?
FINDINGS OF	FACT	
The Administrative Law Judge, based upon the evidence on the whole record, including testimon	•	
 Claimant ⊠ applied for □ was receiving: SER. 	□FIP ⊠FAP ⊠MA	A □SDA □CDC □
 Claimant ⋈ was ☐ was not provided wit Checklist (DHS-3503). 	h a Notice of Interv	iew and Verification
3. Claimant was required to submit requested	verification by April 2	6, 2013.

4.	On April 27, 2013, the Department denied Claimant's application closed Claimant's case reduced Claimant's benefits for failure to submit verification and in-person interview in a timely manner.
5.	On April 27, 2013, the Department sent notice of the denial of Claimant's application. closure of Claimant's case. reduction of Claimant's benefits.
6.	On June 3, 2013, Claimant filed a hearing request, protesting the ightharpoonup denial. ightharpoonup reduction.
	CONCLUSIONS OF LAW
	partment policies are found in the Bridges Administrative Manual (BAM), the Bridges gibility Manual (BEM) and the Reference Tables Manual (RFT).
Re 42 Ag thr	The Family Independence Program (FIP) was established pursuant to the Personal sponsibility and Work 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 imp Re Ag	The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) ogram] is established by the Food Stamp Act of 1977, as amended, 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 ency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.3001 ough Rule 400.3015.
Se Th	The Medical Assistance (MA) program is established by the Title XIX of the Social curity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). e Department (formerly known as the Family Independence Agency) administers the program pursuant to MCL 400.10, et seq., and MCL 400.105.
for as	The State Disability 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.
and 199	The Child Development and Care (CDC) program is established by Titles IVA, IVE d XX of the Social Security Act, the Child Care and Development Block Grant of 90, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, R 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, <i>et seq.</i> , and by, 1999 AC, R 400.7001 through Rule 400.7049. Department policies are found in the State Emergency Relief Manual (ERM).
Additionally, the Claimant failed to turn in her/his required verification, and required in- person interview, in order to verify eligibility by the due date, which resulted in her/his case being denied/closed. The Claimant is entitled to re-apply for benefits. BAM 110, 115, and 130. BEM 640.
Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department \square properly \square improperly
☐ closed Claimant's case.☐ denied Claimant's application.☐ reduced Claimant's benefits.
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 act properly. ☐ did not act properly.
Accordingly, the Department's decision is \boxtimes AFFIRMED \square REVERSED for the reasons stated on the record.
☐ THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:
Carmen G. Fahie Administrative Law Judge For Maura Corrigan, Director Department of Human Services
Carmen G. Fahie Administrative Law Judge For Maura Corrigan, Director

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NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the receipt date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision 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 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 48909-07322

CF/pw

CC: