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

| DEPARTMENT OF HUN | MAN SERVICES | DEPARTMENT OF HUMAN SERVICES | | |
|--|--|--|--|--|
| IN THE MATTER OF: | | | | |
| | Reg. No.: Issue No.: Case No.: Hearing Date: County: | 2013-22512 2009 April 22, 2013 Wayne-15 | | |
| ADMINISTRATIVE LAW JUDGE: Jan Leventer | | | | |
| HEARING DECISION | | | | |
| This matter is before the undersigned Admini strative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claim ant's request for a hearing. After due notice, a hearing was held on April 22, 2013, at Detroit, Mi chigan. Participants on behalf of Claimant included the Cla imant, her husband Representative, Department of Human Services (Department) included Medical Contact Worker. | | | | |
| <u>ISSUE</u> | | | | |
| Did the Departm ent properly $\ \ \ \ \ \ \ \ \ \ \ \ \ $ | | | | |
| ☐ 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 t he competent, material, and substantial evidence on the whole record, finds as material fact: | | | | |
| 1. Cla imant ⊠ applied for benefits ☐ received benefits for: | | | | |
| ☐ Family Independence Program (FIP).☐ Food Assistance Program (FAP).☐ Medical Assistance (MA). | State Disability A | ssistance (AMP). Assistance (SDA). ent and Care (CDC). | | |
| On October 16, 2012, the Department ☐ denied Claimant's application ☐ closed due to a determination that she was not aged. | ed Claimant's case d, blind or disabled. | | | |

3. On October 16, 2012, the Department sent ☐ Claimant ☐ Claimant's Authorized Representative (AR)

notice of the denial. closure.

| On January 9, 2013, Claimant filed a hearing request, protesting the |
|--|
| 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 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 k nown 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 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 pursuant to MCL 400.10, et seq., and 1999 AC, Rule 400.3001 through Rule 400.3015. |
| ∑ The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ial 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 Independ ence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MC L 400.105. |
| ☐ 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 State Disabilit y Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The D epartment of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, et seq., and 20 00 AACS, Rule 400.3151 through Rule 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 adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015. |

Additionally, on August 6, 2013, the D epartment's State Hear ing Review Tea m approved MA benefits for Claimant effective June 1, 2012. State Hearing Review Team Decision, August 6, 2013. The Department itself has now approved MA benefits for Claimant, and reversed its former denial of benefits in this case.

| Accordingly, consistent wit h the State Hearing Review Team Decis ion, and having considered all of the evidence in this case in its entirety, and, for the reasons stated on the record, the Administrative Law Judge concludes that the Department | | |
|--|--|--|
| □ properly denied Claimant's application □ properly closed Claimant's case □ improperly denied Claimant's application □ improperly 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 act properly. did not act properly. | | |
| Accordingly, the Department's \square AMP \square FIP \square FAP \boxtimes MA \square SDA \square CDC decision is \square AFFIRMED \boxtimes REVERSED for the reasons stated on the record. | | |
| \boxtimes THE DE PARTMENT IS ORDE RED TO IN ITIATE THE FOLLOWING WIT HIN TEN DAYS OF THE MAILING DATE OF THIS ORDER: | | |
| Reinstate and process Claimant's MA application. Provide retroactive and ongoing MA benefits to her at the benefit level to which she is entitled, as of the effective date of June 1, 2012. All steps shall be taken in accordance with Department policy and procedure. | | |
| Jan Loventh | | |
| Jan Leventer Administrative Law Judge for Maura Corrigan, Director Department of Human Services | | |
| Date Signed: August 28, 2013 | | |
| Date Mailed: August 29, 2013 | | |
| NOTICE OF APPE AL : 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 mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final dec ision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases). | | |

Reconsideration was made, within 30 days of the receipt date of the Decision and Order

The claimant may appeal the De cision and Order to Circuit Court within 30 days of the

ely Request for Rehearing or

receipt of the Dec ision and Order or, if a tim

of Reconsideration or Rehearing Decision.

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the or iginal hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the clai mant must specify all reas ons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings Reconsideration/Rehearing Request P.O. Box 30639 Lansing, Michigan 48909-07322

JL/las

