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

## **IN THE MATTER OF:**

|  | Reg. No.:<br>Issue No.:<br>Case No.:<br>Hearing Date:<br>County:                         | 2013-38404<br>2006; 4003<br>July 31, 2013<br>Manistee |  |  |
|--|--|---|--|--|
| ADMINISTRATIVE LAW JUDGE: Carmen G   | 6. Fahie   |   |  |  |
| HEARING DECISION   |  |   |  |  |
| This matter is before the undersigned Administrative Law Judge, pursuant to MCL 400.9 and MCL 400.37, following Claimant's Request for Hearing. After due notice, a relephone hearing was held on Wednesday, July 31, 2013, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant and his Medical Advocate, Participants on behalf of Department of Human Services (Department) ncluded, Heather Frechette, ES. |  |   |  |  |
| ISSU   | <u>JE</u>  |   |  |  |
| Due to a failure to comply with the verification requirements, did the Department properly $\square$ deny Claimant's application $\boxtimes$ close Claimant's case $\square$ reduce Claimant's penefits for:   |  |   |  |  |
| Family Independence Program (FIP)? Food Assistance Program (FAP)? Medical Assistance (MA)?   | <ul><li>State Disability A</li><li>☐ Child Developme</li><li>☐ State Emergence</li></ul> | ent and Care (CDC)?                                   |  |  |
| FINDINGS OF FACT   |  |   |  |  |
| The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:  |  |   |  |  |
| <ol> <li>Claimant ☐ applied for ☒ was receiving<br/>SER.</li> </ol>  | : □FIP □FAP ⊠M   | A ⊠SDA □CDC □   |  |  |
| <ol> <li>Claimant ∑ was ☐ was not provided Checklist (DHS-3503).</li> </ol>  | with a Medical Deter   | mination Verification                                 |  |  |
| 3. Claimant was required to submit requested   | d verification by March  | 15, 2013.   |  |  |
| <ol> <li>On March 18, 2013, the Department          Claimant's case          reduced Claimant's be timely manner.</li> </ol>   |  |   |  |  |

| <ul> <li>5. On March 18, 2013, the Department sent notice of the</li> <li>☐ denial of Claimant's application.</li> <li>☐ closure of Claimant's case.</li> <li>☐ reduction of Claimant's benefits.</li> </ul>  |                   |
|---|-------------------|
| 6. On March 25, 2013, Claimant filed a hearing request, protesting the ☐ denial ☐ closure ☐ reduction.  |                   |
| CONCLUSIONS OF LAW  |                   |
| Department policies are found in the Bridges Administrative Manual (BAM), the Bridge Eligibility Manual (BEM) and the Reference Tables Manual (RFT).  | ∋s                |
| ☐ The Family Independence Program (FIP) was established pursuant to the Person Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-1942 USC 601, et seq. The Department (formerly known as the Family Independent Agency) administers FIP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.31 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) prograeffective October 1, 1996.  | 93,<br>nce<br>101 |
| ☐ The Food Assistance Program (FAP) [formerly known as the Food Stamp (Faprogram] is established by the Food Stamp Act of 1977, as amended, and implemented by the federal regulations contained in Title 7 of the Code of Fede Regulations (CFR). The Department (formerly known as the Family Independent Agency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.30 through Rule 400.3015.   | is<br>eral<br>nce |
| ☐ The Medical Assistance (MA) program is established by the Title XIX of the Soc Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFI The Department (formerly known as the Family Independence Agency) administers that MA program pursuant to MCL 400.10, et seq., and MCL 400.105.  | R).               |
| ☐ The State Disability Assistance (SDA) program which provides financial assistant for disabled persons is established by 2004 PA 344. The Department (formerly knowns the Family Independence Agency) administers the SDA program pursuant to Med 400.10, et seq., and 2000 AACS, R 400.3151 through Rule 400.3180.  | wn                |
| ☐ The Child Development and Care (CDC) program is established by Titles IVA, I's and XX of the Social Security Act, the Child Care and Development Block Grant 1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1997. The program is implemented by Title 45 of the Code of Federal Regulations, Parts and 99. The Department provides services to adults and children pursuant to Med 400.14(1) and 1999 AC, R 400.5001 through Rule 400.5015. | of<br>96.<br>98   |
| ☐ The State Emergency Relief (SER) program is established by 2004 PA 344. T SER program is administered pursuant to MCL 400.10, <i>et seq.</i> , and by, 1999 AC, 400.7001 through Rule 400.7049. Department policies are found in the Statemergency Relief Manual (ERM).   | , R               |

Date Mailed: 08/07/2013

Additionally, the Claimant failed to turn in her/his required verification to verify continued eligibility by the due date, which resulted in her/his case being denied/closed. The Claimant is entitled to re-apply for benefits.

During the hearing, the Claimant stated that his previous Wellness Advocate did not submit the required verifications, which resulted in his case being closed. The Claimant's current Medical Advocated has agreed to be his Authorized Representative so that she will get everything in writing, that the Claimant receives, to assist him in providing timely verifications. The Claimant re-applied for benefits on May 22, 2013.

The Department has met its burden that it properly closed the Claimant's MA and SDA cases because he failed to provide the required verifications to determine continued eligibility.

| 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                 |
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| <ul><li>☐ closed Claimant's case.</li><li>☐ denied Claimant's application.</li><li>☐ reduced Claimant's benefits.</li></ul>  |
| 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 $\square$ did act properly $\square$ did not act properly. |
| ACCORDINGLY, the Department's decision is $\boxtimes$ <b>AFFIRMED</b> $\square$ 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:  |
| /s/ Carmen G. Fahie Administrative Law Judge For Maura Corrigan, Director  |
| Department of Human Services  Date Signed: 08/07/2013  |

**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; or
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant; or
  - 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

## CGF/pw

