

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

Reg. No.: 2013-50399  
Issue Nos.: 2009, 6043  
Case No.: ██████████  
Hearing Date: August 7, 2013  
County: Wayne County - 57

**ADMINISTRATIVE LAW JUDGE:** Jan Leventer

**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 a hearing. After due notice, a telephone hearing was held on August 7, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant, and her daughter, ██████████. Participants on behalf of the Department of Human Services (Department) included Elmer Barbee, Assistance Payments Worker, and William Shoulders, Assistance Payments Supervisor.

**ISSUE**

Did the Department properly  deny Claimant's application  close Claimant's case for:

- |  |  |
|--|--|
| <input type="checkbox"/> Family Independence Program (FIP)?  | <input type="checkbox"/> Adult Medical Assistance (AMP)?           |
| <input type="checkbox"/> Food Assistance Program (FAP)?      | <input type="checkbox"/> State Disability Assistance (SDA)?        |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input checked="" type="checkbox"/> Direct Support Services (DSS)? |

**FINDINGS OF FACT**

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

1. Claimant  applied for benefits  received benefits for:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Direct Support Services (DSS). | <input type="checkbox"/> Adult Medical Assistance (AMP).    |
| <input type="checkbox"/> Food Assistance Program (FAP).            | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input type="checkbox"/> Medical Assistance (MA).                  | <input type="checkbox"/> Child Development and Care (CDC).  |

2. Claimant never applied for Medical Assistance disability benefits.

3. On May 10, 2013, the Department

denied Claimant's DSS application

closed Claimant's case

due to a determination that she is a single person with no children under the age of eighteen, a child eighteen who is in high school fulltime, and, she is not pregnant.

4. On May 10, 2013, the Department sent  Claimant  Claimant's Authorized Representative (AR) notice of the  denial  closure.

5. On May 23, 2013, Claimant filed a hearing request, protesting the  denial of the application  closure of the case.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Bridges 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 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 Direct Support Services (DSS) program is established by 42 USC 604(a) and Michigan Public Act 280 of 1939 (Social Welfare Act). The program is regulated by 7 CFR 273.7. The Department provides services to adults and children pursuant to MCL 400.3603 and MCL 400.57a *et seq.* Department policy and procedure is found in Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Additionally, BEM 232, "Direct Support Services," states that the family groups eligible for the benefit are the same as a FAP family group: a pregnant woman, a family with a child under the age of eighteen, and a family with a child who is eighteen and attends high school fulltime. Department of Human Services Bridges Eligibility Manual (BEM) 232 (2013), pp. 3-5.

Applying BEM 232 to this case, Claimant would not be eligible for this benefit because she does not fit within the FAP family group specifications. Moreover, Claimant does not assert she is eligible by virtue of receiving other benefits such as Child Development and Care, Family Independence Program, or Medicaid as a qualified family group. *Id.*

Accordingly, having considered all of the evidence in this case in its entirety, it is found and determined that the Department acted correctly in denying DSS benefits to Claimant. The Department's action as to DSS benefits is affirmed.

Next, with regard to Medicaid benefits, at the hearing the Claimant presented no proof that she applied for Medicaid disability. The Department had no record of an application for disability benefits for Claimant. Accordingly, as there is no proof whatsoever that an MA disability application was filed, Claimant's hearing request that the denial of disability benefits to her be reviewed, is denied, as no Department denial occurred. As the Department received no application from Claimant, the Department had no obligation to process an application for her.

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

properly denied Claimant's application       improperly denied Claimant's application  
 properly took no action                               improperly closed Claimant's case

for:  DSS  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  DSS  FIP  FAP  MA  SDA  CDC decision is  **AFFIRMED**  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:



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**Jan Leventer**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 08/23/2013

Date Mailed: 08/23/2013

**NOTICE OF APPEAL:** 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 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order 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 original 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 claimant must specify all reasons 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.

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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/pw

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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