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.:	2014-4168 3008			
	Hearing Date: County:	November 7, 2013 DHS-SSPC West			
ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie					
HEARING DECISION					
Following Claimant's request for a hearing, this Administrative Law Judge pursuant to MCL 400.9 at 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99 notice, telephone hearing was held on Thursday Michigan. Participants on behalf of Claimant inc behalf of the Department of Human Services (Department)	and 400.37; 7 CF .33; and 45 CFR , November 7, 2 luded the Claima	R 273.15 to 273.18; 205.10. After due 2013, from Lansing, int. Participants on			
<u>ISSUE</u>					
Due to a failure to comply with the verification requirements, did the Department properly \boxtimes deny Claimant's application \square close Claimant's case \square reduce Claimant's benefits for:					
Food Assistance Program (FAP)?	Adult Medical Pro State Disability As Child Developmer				
FINDINGS OF FACT					
The Administrative Law Judge, based upon the evidence on the whole record, including testimony					
 Claimant ⋈ applied for ☐ received: ☐FIP ⋈FAP ☐MA ☐ AMP ☐SD benefits. 	A □CDC				

2. Claimant was required to submit requested verification by September 19, 2013.

 3. On September 20, 2013, the Department ☑ denied Claimant's application. ☐ closed Claimant's case. ☐ reduced Claimant's benefits. 	
 On September 20, 2013, the Department sent Claimant/Claimant's Auth Representative (AR) notice of its action. 	orized
 On September 27, 2013, Claimant/Claimant's Authorized Hearing Represer (AHR) filed a hearing request, protesting the Department's action. 	ntative
CONCLUSIONS OF LAW	
Department policies are contained in the Department of Human Services B Administrative Manual (BAM), Department of Human Services Bridges Eligibility M (BEM), and Department of Human Services Reference Tables Manual (RFT).	_
☐ The Family Independence Program (FIP) was established pursuant to the Pe Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, a USC 601 to 679c. The Department (formerly known as the Family Independency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin R 400.3101 to .3131.	nd 42 dence
\boxtimes The Food Assistance Program (FAP) [formerly known as the Food Stamp profis established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036 is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. Department (formerly known as the Family Independence Agency) administers pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.	and The
☐ The Medical Assistance (MA) program is established by the Title XIX of the Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.2 1008.59. The Department of Human Services (formerly known as the Findependence Agency) administers the MA program pursuant to MCL 400.10 and 400.105.	200 to Family
☐ The Adult Medical Program (AMP) is established by 42 USC 1315 a administered by the Department pursuant to MCL 400.10.	and is
☐ The State Disability Assistance (SDA) program is established by the Social WACT, MCL 400.1119b. The Department of Human Services (formerly known a Family Independence Agency) administers the SDA program pursuant to MCL 4 and Mich Admin Code, R 400.31513180.	as the
☐ The Child Development and Care (CDC) program is established by Titles IV/and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-	

Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

Additionally, the Claimant applied for FAP on August 28, 2013. The Claimant failed to submit verification by the due date of September 19, 2013. Department Exhibit 13-14. The case was denied on September 20, 2013 when the verifications were not returned. The required verifications were received on September 27, 2013. The case was reinstated and benefits were awarded from September 27, 2013 per policy. Since the verifications were not provided by the due date, the FAP benefits could not go back to the August 23, 2013 application date. BAM 105, 115, 130, 200, 210, and 220. BEM 554 and 400.

Therefore, the Department properly denied the Claimant's application for failure to provide required verifications by the due date, but also properly processed when the verifications were received on September 27, 2013.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any finds that the Department

□ acted in accordance with Department policy when it denied the Claimant's application and processed when the verifications were received on September 27, 2013 to determine FAP eligibility.

DECISION AND ORDER

Accordingly, the Department's decision is

◯ AFFIRMED.

Carmen G. Fahie

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

Carmon

Date Signed: <u>11/15/2013</u>

Date Mailed: <u>11/15/2013</u>

NOTICE OF APPEAL: 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.

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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).

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.

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

CGF/sw

