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:	2014-2811 3008 November 7, 2013 Livingston		
ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie				
HEARING DECISION				
Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, telephone hearing was held on Thursday, November 7, 2013, from Lansing Michigan. Participants on behalf of Claimant included the Claimant. Participants or behalf of the Department of Human Services (Department) included Pedro Pozo, AP.				
<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:				
	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 of				
Claimant ☑ applied for ☐ received: ☐FIP ☑FAP ☐MA ☐ AMP ☐SDA benefits.	A □CDC			

Claimant was required to submit requested verification by August 1, 2013.

3.	On August 13, 2013, the Department ightharpoonup denied Claimant's application. ightharpoonup closed Claimant's case. ightharpoonup reduced Claimant's benefits.
4.	On August 13, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5.	On September 26, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.
	CONCLUSIONS OF LAW
Adm	artment policies are contained in the Department of Human Services Bridges inistrative Manual (BAM), Department of Human Services Bridges Eligibility Manual M), and Department of Human Services Reference Tables Manual (RFT).
Resp USC Age	The Family Independence Program (FIP) was established pursuant to the Personal ponsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 42 601 to 679c. The Department (formerly known as the Family Independence ncy) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, 00.3101 to .3131.
is es is in Depa	The Food Assistance Program (FAP) [formerly known as the Food Stamp program] stablished by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and applemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The artment (formerly known as the Family Independence Agency) administers FAP uant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.
Secu 1008 Inde	The Medical Assistance (MA) program is established by the Title XIX of the Social urity Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 3.59. The Department of Human Services (formerly known as the Family pendence Agency) administers the MA program pursuant to MCL 400.10 and MCL 105.
	The Adult Medical Program (AMP) is established by 42 USC 1315 and is inistered by the Department pursuant to MCL 400.10.
Act, Fam	The State Disability Assistance (SDA) program is established by the Social Welfare MCL 400.1119b. The Department of Human Services (formerly known as the ily Independence Agency) administers the SDA program pursuant to MCL 400.10 Mich Admin Code, R 400.31513180.
and	The Child Development and Care (CDC) program is established by Titles IVA, IVE XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the d 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. The Claimant failed to submit verification by the due date of August 1, 2013. Department Exhibit 4-5. The case was denied on August 13, 2013 when the verifications were not returned. Department Exhibit 6-8. The Claimant failed to provide verification of her employment income. BAM 105, 115, 130, 200, 210, and 220.

Therefore, the Department properly denied the Claimant's application for failure to provide required verifications by the due date.

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 for failure to provide verification by the due date.

DECISION AND ORDER

Accordingly, the Department's decision is

AFFIRMED.

Carmen G. Fahie

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

Date Signed: 11/15/2013

Date Mailed: 11/15/2013

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.

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:

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- 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

