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

THE		

	Reg. No.:	2013-69435		
	Issue No.: Case No.: Hearing Date: County:	1005; 6015 November 20, 2013 Berrien		
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 Wednesday, November 20, 2013, from Lansing Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included Shireen Hall, FIM, and Darla Decker, ES.				
ISSUE				
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 Developme			
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:				
Claimant ⊠ applied for ☐ received: ⊠FIP ☐FAP ☐MA ☐ AMP ☐SDA benefits.	A ⊠CDC			

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

 On September 3, 2013, the Department ☑ denied Claimant's application. ☐ closed Claimant's case. ☐ reduced Claimant's benefits.
 On September 3, 2013, the Department sent Claimant/Claimant's Authorize Representative (AR) notice of its action.
 On September 13, 2013, Claimant/Claimant's Authorized Hearing Representativ (AHR) filed a hearing request, protesting the Department's action.
CONCLUSIONS OF LAW
Department policies are contained in the Department of Human Services Bridge Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual BEM), and Department of Human Services Reference Tables Manual (RFT).
The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 4 JSC 601 to 679c. The Department (formerly known as the Family Independenc Agency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code 400.3101 to .3131.
The Food Assistance Program (FAP) [formerly known as the Food Stamp programs established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a an implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAI oursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.
☐ The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Famil Independence Agency) administers the MA program pursuant to MCL 400.10 and MC 400.105.
The Adult Medical Program (AMP) is established by 42 USC 1315 and independent of the Department pursuant to MCL 400.10.
☐ The State Disability Assistance (SDA) program is established by the Social Welfar Act, MCL 400.1119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.1 and Mich Admin Code, R 400.31513180.
$\overline{\times}$ The Child Development and Care (CDC) program is established by Titles IVA, IV and XX of the Social Security Act. 42 USC 601-619, 670-679c, and 1397-1397m-5; the

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 FIP and CDC on August 5, 2013. Department Exhibit 1. On August 7, 2013, the Department Caseworker sent the Claimant a Verification Checklist for written verification that was due August 19, 2013. Department Exhibit 3.1-4.2. The Claimant failed to provide the required verifications and her application was denied September 3, 2013. Department Exhibit 6.1-6.3. BEM 702, 703, 704, and 705. BAM 105, 115, 130, 200, 210, and 220.

The Department met their burden that the Claimant's CDC and FAP application should be denied because the Claimant failed to provide verifications to determine eligibility.

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 FIP and CDC application for failure to provide the required verifications to determine eligibility.

DECISION AND ORDER

Accordingly, the Department's decision is

 \boxtimes AFFIRMED.

Carmen G. Fahie

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

Carmon II. Salvie

Date Signed: <u>12/05/2013</u>

Date Mailed: <u>12/06/2013</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.

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/pw

cc: