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

IN THE MATTER OF:				

Reg. No.: 201320642 Issue No(s).: 2006 Case No.:

Hearing Date: December 17, 2013 County: December 17, 2013

ADMINISTRATIVE LAW JUDGE: Kevin Scully

7.5 minoria (1702 Ezitti Goboli)			
HEARING DECISION			
Upon a hearing request by the Department of Human Se rvices (Department) to establish an overissuance (OI) of benefits to Res pondent, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 400.43a, and 24.201, et seq., and Mich Admin Code, R 400.941, and in acc ordance with 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 notic e, a telephone hear ing was held on Dec ember 17, 2013, from Lansing, Michigan. Participants on behalf of the Department included			
Respondent did not appear. This matter having been initiated by the Department and due notice have ing been provided to Respondent, the hearing was held in Respondent's absence in accordance with Department of Human Services Bridges Administrative Manual (BAM) 725 ( ), pp. 13-17.			
☑ Participants on behalf of Respondent included			
<u>ISSUE</u>			
Did Respondent receive an OI of  ☐ Family Independence Program (FIP) ☐ State Disability Assistance (SDA) ☐ Child Development and Care (CDC) benefits?			
FINDINGS OF FACT			
The Administrative Law Judge, based on t he competent, material, and substantial evidence on the whole record, finds as material fact:			
<ol> <li>Respondent was a rec ipient of ☐ FIP ☐ FAP ☐ SDA ☐ CDC be nefits from the Department.</li> </ol>			
<ol> <li>The Department alleges Respondent received a         ☐ FIP ☐ FAP ☐ SDA ☐ CDC         OI during the period November 1, 2012, through <i>January 31</i>, 2013, due to</li> </ol>			

□ Department's error □ Respondent's error.		
3. The Department alleg es that Respondent received a \$ OI that is still due and owing to the Department.	k	
CONCLUSIONS OF LAW		
Department policies are contained in the Department of Human Service s Bridge Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manu (BEM), and Department of Human Services Reference Tables Manual (RFT).		
☐ The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and W ork Opportunity Reconciliation Act of 1996, PL 104-193, and 4 USC 601 to 679c. The Department (formerly known as the Family Independenc Agency) administers FIP pursuant to MC L 400.10 and 400.57a and Mich Admin Code R 400.3101 to .3131.	2 e	
∑ The Food Assistance Program (FAP) [fo rmerly known as the Food Stamp program is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a an is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Fam ily Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.	đ	
☐ 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 400.10 and Mich Admin Code, R 400.31513180.	Э	
☐ The Child Development and Care (CDC) program is establis hed by Titles IVA, IVE and XX of the Social Security Ac t, 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 9858 and the Personal Res ponsibility 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 purs uant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.50015020.	ne q; L	

Additionally, the Claimant argued that was fully compliant with her duties to report all information affecting her eligibility to receive Food Assistance Program (FAP) benefits to the Department in a timely manner.

However, the information the Claimant prov ided to the Department was not applied to the Department's elig ibility determination due to Department err or. As a result, the Claimant received Food Assist ance Program (FAP) benefits that she would not have been entitled to if the Department had properly processed her case.

An agency error overissuance is caused by incorrect actions (including delayed or no action) by the Department of Human Services (Department ) or the Department of Information and Technology staff or department processes. The Department is required

to recoup an overiss uance caused by agen Bridges Administrative Manual (BAM) 705 (J	,
The Administrative Law Judge, based upon of Law, finds that the Department ☐ did establish a ☐ FIP ☐ FAP ☐ SDA ☐ CDC	☐ did not
DECISION A	AND ORDER
Accordingly, the Department is <b>AFFIRMED</b> .	
The Depar tment is ORDERED to initiate accordance with Department policy.	collection procedures for a \$570 OI i n
	<u>/s/</u>
	Kevin Scully Administrative Law Judge
	for Maura Corrigan, Director
Date Signed: December 20, 2013	Department of Human Services
Date Mailed: December 23, 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 req uest of a p arty within 30 days of the mailing date of this De cision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final deci sion 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 existe d 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 a ddress 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



