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

IN	THE	: MA	TTE	R O	F:

	Reg. No.: Issue No(s): Case No.: Hearing Date: County:	2014-10111 3002 December 5, 2013 Ingham			
ADMINISTRATIVE LAW JUDGE: Katherine Talbot					
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, a telephone hearing was held on December 5, 2013, from Lansing, Michigan. Participants on behalf of Claimant included Department of Human Services (Department) included Residue (Department). Participants on behalf of the Specialist.					
<u>ISSUE</u>					
Due to a failure to comply with the verification requirements, did the Department properly \square deny Claimant's application \boxtimes 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 evidence on the whole record, including testimony		•			
Claimant ⊠ received: □FIP □FAP □ benefits.	MA AMP	□SDA □CDC			
 Claimant was required to submit reque April 14, 2013. 	ested verification	of new hire by			

- 3. The Department sent four notices to the Claimant concerning four different positions. See Exhibit 3.
- 4. On October 4, 2013, the Department ⊠ closed Claimant's case.
- 5. On October 4, 2013, the Department sent Claimant notice of its action.
- 6. On October 15, 2013, Claimant filed a hearing request, protesting the Department's action.

CONCLUSIONS OF LAW
Department policies are contained in the Department of Human Services Bridges 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 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.
☑ The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant 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 Family Independence Agency) administers the MA program pursuant to MCL 400.10 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.
☐ The State Disability Assistance (SDA) program is established by the Social Welfare 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.
☐ The Child Development and Care (CDC) program is established by Titles IVA, IVE 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.

The Claimant received the New Hire Client Notices, dated April 3, 2013. Exhibit 3.

The Claimant's testimony was self-serving and contradictory. She testified she sent the requested verifications to a prior caseworker, She could not provide any specifics, including the date.

Initially, the Claimant admitted she did not send any information for one

She stated she only worked for this for a short period.

Then, the Claimant testified she had sent information concerning this Claimant could not provide the date when she allegedly sent this information.

The Department did not receive any of the required verifications.

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 closed the Claimant's Food Assistance Program (FAP) benefits.

DECISION AND ORDER

Accordingly, the Department's decision is \boxtimes **AFFIRMED**.

/s/

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

Date Signed: 12/13/13

Date Mailed: 12/13/13

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

KT/tb



