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

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|  | Reg. No.:<br>Issue No.:<br>Case No.:<br>Hearing Date:<br>County: | 20146931<br>3008<br>November 18, 2013<br>Wayne (19)  |  |  |
|--|--|--|--|--|
| ADMINISTRATIVE LAW JUDGE: Robert J.  | Chavez   |  |  |  |
| HEARING D  | DECISION   |  |  |  |
| Following Claimant's request for a hearing Administrative Law Judge pursuant to MCL 442 CFR 431.200 to 431.250; 45 CFR 99.1 notice, a telephone hearing was held on No Participants on behalf of Claimant included Department of Human Services (Department) | 00.9 and 400.37; 7 CF to 99.33; and 45 CFF ovember 18, 2013, fro | FR 273.15 to 273.18; R 205.10. After due   |  |  |
| ISSU   | <u>JE</u>  |  |  |  |
| Did the Department properly ☐ deny Claim for:  | ant's application 🛚 cl   | ose Claimant's case  |  |  |
| ☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)? ☐ Adult Medical Assistance (AMP)?   | Child Developme Direct Support Se                                | State Disability Assistance (SDA)?<br>Child Development and Care (CDC)?<br>Direct Support Services (DSS)?<br>State SSI Payments (SSP)? |  |  |
| FINDINGS (   | OF FACT  |  |  |  |
| The Administrative Law Judge, based on evidence on the whole record, finds as mater  | •  | rial, and substantial  |  |  |
| Claimant ☐ applied for ☒ received: ☐ FIP ☒ FAP ☐ MA ☐ AMP benefits.  | □SDA □CDC  | □DSS □SSP  |  |  |
| 2. On 2013, the Department denied Claimant's application due to a failure to complete an FAP rede  | ☑ closed Claimant's cetermination.                               | ase  |  |  |

| 3.                                 | On 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.  |
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| 4.                                 | On, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.  |
|                                    | CONCLUSIONS OF LAW   |
| Adm                                | artment policies are contained in the Department of Human Services Bridges hinistrative Manual (BAM), Department of Human Services Bridges Eligibility Manual M), and Department of Human Services Reference Tables Manual (RFT).  |
| Resp<br>USC<br>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<br>is in<br>Dep              | 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 suant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.  |
| Secu<br>1008<br>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,<br>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 billy Independence Agency) administers the SDA program pursuant to MCL 400.10 Mich Admin Code, R 400.31513180.   |
| and<br>Child<br>and<br>104-<br>adm | 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; the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 193. The program is implemented by 45 CFR 98.1-99.33. The Department inisters the program pursuant to MCL 400.10 and provides services to adults and dren pursuant to MCL 400.14(1) and Mich Admin Code, R 400.50015020. |

close.

| ☐ Direct Support Services (DSS) is established by the Social Welfare Act, MCL 400.1 .119b. The program is administered by the Department pursuant to MCL 400.10 an 400.57a and Mich Admin Code R 400.3603.  |
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| ☐ The State SSI Payments (SSP) program is established by 20 CFR 416.2001209 and the Social Security Act, 42 USC 1382e. The Department administers the program pursuant to MCL 400.10.   |
| The Department argued that claimant was required complete a redetermination by 2013. Claimant allegedly failed to complete the redetermination and he FAP benefits closed when the certification period ended.  |
| The Department showed that the redetermination was sent properly and the claimar admitted to receiving the determination. Claimant received all notices indicating that he case was pended to close absent a completed redetermination.   |
| Therefore, it is incumbent on claimant to show that the documents in question wer turned in, or that some action of the Department prevented her from completing the redetermination. Unfortunately, claimant has failed to satisfy her burden of proof.  |
| Claimant argued that the redetermination had been completed in August; howeve claimant stated that she sent the redetermination by mail, with no return receip requested, and had no evidence of the mailing.   |
| Claimant also alleged that, when she did not receive a telephone interview of 2013, she visited the Department to inquire as the status of her case However, claimant also alleged that she did not sign a log book on this visit, nor did she meet with any body on this visit, and thus had no evidence of the visit.   |
| Claimant then did not follow up on the case until 2013, when she allege she called her caseworker to inquire as to the status of the case; claimant could no provide evidence for this phone call, including a call log.  |
| In short, claimant alleged three separate mitigating factors in this case, and coul provide no evidence that any of these events happened. For this reason, the undersigned finds claimant's testimony less than credible, and must hold that, without evidence showing otherwise, the redetermination was not completed. |
| As claimant has provided no evidence that her redetermination was completed, the undersigned must hold that the Department properly closed claimant's FAP case at the end of her certification period.  |

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The Administrative Law Judge, based upon 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 allowed claimant's FAP case to

| <ul> <li>did not act in accordance with Department policy when it</li> <li>failed to satisfy its burden of showing that it acted in accordance with Department policy when it</li> </ul>                    |
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| DECISION AND ORDER  |
| Accordingly, the Department's decision is   |
| <ul> <li>☑ AFFIRMED.</li> <li>☐ REVERSED.</li> <li>☐ AFFIRMED IN PART with respect to to to .</li> </ul>  |
| ☐ THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER: |
| W/ Juni   |
| Robert J. Chavez  |

Date Signed: 11/27/2013

Date Mailed: 11/27/2013

**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.

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

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

RJC/hw

cc: