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

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Reg. No.:	2014-9472
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Issue No.:	3003; 6003
Case No.:	
 Hearing Date:	December 3, 2013
County:	Kent

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ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 Tuesday, December 3, 2013, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included Allison Weber, AP, and Melissa Rinconnes, APSup.

HEARING DECISION

ISSUE

Due to a failure to comply with the verific properly \square deny Claimant's application \boxtimes cl benefits for:					
☐ Family Independence Program (FIP)?☐ Food Assistance Program (FAP)?☐ Medical Assistance (MA)?	☐ Adult Medical Program (AMP)?☐ State Disability Assistance (SDA)?☐ Child Development and Care (CDC)?				
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 [benefits. 	□SDA ⊠CDC				

Claimant was required to submit requested verification by September 16, 2013.

	On October 14, 2013, the Department ☐ denied Claimant's application. ☑ closed Claimant's case. ☑ reduced Claimant's benefits.
	On October 14, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
	On October 23, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.
	CONCLUSIONS OF LAW
Admi	nrtment policies are contained in the Department of Human Services Bridges nistrative Manual (BAM), Department of Human Services Bridges Eligibility Manual 1), and Department of Human Services Reference Tables Manual (RFT).
Resp USC Agen	the Family Independence Program (FIP) was established pursuant to the Personal consibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 42 601 to 679c. The Department (formerly known as the Family Independence acy) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, 0.3101 to .3131.
is est is im Depa	the Food Assistance Program (FAP) [formerly known as the Food Stamp program] tablished by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and plemented 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	he Medical Assistance (MA) program is established by the Title XIX of the Social rity Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to .59. The Department of Human Services (formerly known as the Family bendence 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 nistered by the Department pursuant to MCL 400.10.
Act, Fami	he State Disability Assistance (SDA) program is established by the Social Welfare MCL 400.1119b. The Department of Human Services (formerly known as the ly Independence Agency) administers the SDA program pursuant to MCL 400.10 Mich Admin Code, R 400.31513180.
	he Child Development and Care (CDC) program is established by Titles IVA, IVE

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 Department Caseworker sent the Claimant a Redetermination Application for an interview due September 4, 2013. Department Exhibit 3-7. The Claimant submitted the required income verification of 2 paychecks. Department Exhibit 8-11. In addition, the Claimant had new employer statement submitted on her behalf. The Claimant had an increase in FAP from to Department Exhibit 50-53. In addition, the Claimant was found eligible for CDC and her case was reopened on October 30, 2013 based on new income verification. Department Exhibit 54. BEM 500, 525, 550, 554, 556, 702, and 703. BAM 105, 115, 130, 210, 220, and 600.

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 increased the Claimant's FAP and reopened the Claimant's CDC benefits due to her new income verification.

DECISION AND ORDER

Accordingly, the Department's decision is

AFFIRMED.

Carmen G. Fahie Administrative Law Judge

for Maura Corrigan, Director Department of Human Services

Carmon J. Lahie

Date Signed: <u>12/10/2013</u>

Date Mailed: 12/10/2013

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:

- 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: