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

IN THE MATTER OF	•
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		Reg. No.: Issue No(s) .: Case No.: Hearing Date: County:	2014-9552 3002 December 3, 2013 Oakland 03		
ADMINISTRATIVE LAW JUDGE: Katherine Talbot					
	HEARING DE	CISION			
Adm 42 C notic Parti the	owing Claimant's request for a hearing, inistrative Law Judge pursuant to MCL 40 CFR 431.200 to 431.250; 45 CFR 99.1 to be, a telephone hearing was held on Decicipants on behalf of Claimant included Department of Human Services (Department Supervisor.	0.9 and 400.37; 7 CF o 99.33; and 45 CFF ember 3, 2013, from . Par	R 273.15 to 273.18; R 205.10. After due		
	ISSUE				
	to a failure to comply with the verificaterly ⊠ close Claimant's case for:	ation requirements,	did the Department		
\boxtimes F	Family Independence Program (FIP)? Food Assistance Program (FAP)? Medical Assistance (MA)?		ogram (AMP)? ssistance (SDA)? ent and Care (CDC)?		
	FINDINGS O	F FACT			
	Administrative Law Judge, based upon tence on the whole record, including testime		•		
1.	Claimant ⊠ received: □FIP □FAP benefits.	□MA □ AMP	□SDA □CDC		
2.	Claimant was required to submit requeste	d verification by Sept	tember 24, 2013.		
3.	On November 1, 2013, the Department	closed Claimant's c	ase.		

- 4. On October 12, 2013, the Department sent Claimant notice of its action.
- 5. On October 21, 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 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 400.1-.119b. 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 400.3151-.3180. 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 9858g: 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 Department received a Wage Match indicating that the group, had . , a member of				
A Verification Checklist was sent to the Claimant on September 14, 2013. Exhibit 3. The Claimant was asked to verify income for the Claimant's				
The Claimant received the verification checklist.				
The Claimant did not request assistance to complete the verification checklist. She returned information concerning employment for . However, she did not return any verification of income for . The Claimant asserted had not worked in the past 30 days.				
The Claimant confirmed that had worked for a short period of time in June or July of 2013. She had not reported this to the Department.				
The Claimant is required to comply with verification requests from the Department. In this case the verifications were not returned. The Department complied with policy when it closed the Claimant's Food Assistance Program benefits.				
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 case.				
DECISION AND ORDER				
Accordingly, the Department's decision is X AFFIRMED.				
/s/ Katherine Talbot Administrative Law Judge for Maura Corrigan, Director Department of Human Services Date Signed: 12/12/13				

Date Signed. 12/12/13

Date Mailed: 12/12/13

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

CC:

