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

IN THE MATTER OF:

	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2014-14286 1002 December 18, 2013 Oakland County DHS #						
ADMINISTRATIVE LAW JUDGE: Michael J. Bennane								
HEARING DECISION								
Following Claimant's r equest 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 18, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included								
<u>ISSUE</u>								
Did the Departm ent properly ⊠ deny Claiman t's application ☐ close Claimant's case for:								
Family Independence Program (FIP)? Food Assistance Program (FAP)? Medical Assistance (MA)? Adult Medical Assistance (AMP)? State Disability Assistance (SDA)? Child Development and Care (CDC)? Direct Support Services (DSS)? State SSI Payments (SSP)?								
FINDINGS OF FACT								
The Administrative Law Judge, based on t he conceived evidence on the whole record, finds as material fac	•	al, and substantial						
Cla imant ⊠ applied for ☐ received: ☑ FIP ☐ FAP ☐ MA ☐ AMP ☐ September its.	SDA CDC	□DSS □SSP						
 On September 16, 2013, the Department	sed Claimant's ca erification.	ase						

3. Representative (AR) its decision.

On October 29, 2013, the Department sent Claimant/Claimant's Auth orized

4. On November 21, 2013, Claimant/Claimant's Authorized Hearing Represent ative (AHR) filed a hearing request, protesting the Department's actions.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Service s 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 W ork Opportunity Reconciliation Act of 1996, PL 104-193, and 42 USC 601 to 679c. The Deparent ment (formerly known as the Family Independence Agency) administers FIP pursuant to MC L 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.
☐ The Food Assistance Program (FAP) [fo rmerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as ame nded, 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 Fam ily Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.
☐ The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ial 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 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 9858q; 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.
☐ Direct Support Services (DSS) is established by the Social Welfare Act, MCL 400.1119b. The program is administered by the Department pursuant to MCL 400.10 and 400.57a and Mich Admin Code R 400.3603.

☐ The State SSI Payments (Sand the Social Security Act, 42 pursuant to MCL 400.10.						
At the hearing the Claimant documentation.	testified t	hat she	had turn	ed in all	t	he required
The Department testified that the sent a Path Appointment Notice failed to show up for PATH clair	to att end	PATH o	•		_	•
The Department provided a Me not complete the doc umentation July, 2013)						
The Administrative Law Judge, of Law, and for the reasons start	•			•		
 □ acted in accordance with Deapplication on September 16, 2 □ did not act in accordance wire failed to satisfy its burden of policy when it 	013. th Departmo	ent polic	y when it			
	DECISION	AND O	RDER			
Accordingly, the Department's	decision is					
☐ AFFIRMED. ☐ REVERSED.						
				My	m	
		•		for Mau	nistrativ ra Corri	el J. Bennane ve Law Judge gan, Director man Services
Date Signed: December 27, 20	<u>)13</u>		- 1		<i>,</i>	
Date Mailed: December 27, 20)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 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

MJB/hj

cc: