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

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	Reg. No.: Issue No.: Case No.: Hearing Date: County:	201420007 3002 January 27, 2014 Wayne (31)					
ADMINISTRATIVE LAW JUDGE: Robert J. Chavez							
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 January 27, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Department of Human Services (Department) included APW.							
<u>ISSUE</u>							
Did the Department properly $\square$ deny Claimant's application $\boxtimes$ 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 the competent, material, and substantial evidence on the whole record, finds as material fact:							
Claimant ☐ applied for ☒ received: ☐ FIP ☒ FAP ☐ MA ☐ AMP ☐ benefits.	SDA CDC	□DSS □SSP					
2. On December 2014, the Department ☐ denied Claimant's application ☐ c	losed Claimant's c	ase					

due to failure to return income verifications.

- 3. On December 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
- 4. On December 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

(AFIK) filed a flearing request, protesting the Department's actions.
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 400.50015020.

☐ 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 (SSP) program is established by 20 CFR 416.20012099 and the Social Security Act, 42 USC 1382e. The Department administers the program pursuant to MCL 400.10.
The Department may request verification of eligibility factors when those factors are unclear or inconsistent. Failure to return or respond to verification request within the time limit can result in application denial. BAM 130.
The Department argued that claimant failed to return verification of income in a timely manner.
Claimant admitted to responding after the deadline for return. Claimant received and understood a New Hire Client Notice, which specifically requested claimant to return pay stubs. Claimant had pay stubs, and failed to return the verifications with the return of the notice. While the claimant did have trouble securing income verifications from a third party, at no point prior to the deadline did claimant attempt to contact the Department to request assistance.
Furthermore, there is no evidence that claimant followed up with the Department or contacted the Department. Claimant has no evidence that the verifications in question were returned.
The issue at hand is whether the Department's action at the time they took the action, based on the information they knew or should have known, was correct. In the current case, the Department sent proper requests for verification, claimant did not respond to that request in a timely manner, and admitted under oath to doing so. As such, the undersigned holds that the Department properly closed the FAP case in question.
With regards to claimant's MA case, that case is currently under adjudication under a separate case file, and will be addressed according to disability standards.
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
<ul> <li>         □ acted in accordance with Department policy when it closed claimant's benefit case.         □ did not act in accordance with Department policy when it         □ failed to satisfy its burden of showing that it acted in accordance with Department policy when it         □.     </li> </ul>

## **DECISION AND ORDER**

Accordingly, the Department's decision is

AFFIRMED.	
REVERSED.	
☐ AFFIRMED IN PART with respect to	and REVERSED IN PART with respect
to .	·
	TO BEGIN DOING THE FOLLOWING, IN
ACCORDANCE WITH DEPARTMENT	POLICY AND CONSISTENT WITH THIS
HEARING DECISION, WITHIN 10 DAY	YS OF THE DATE OF MAILING OF THIS
DECISION AND ORDER:	
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Robert J. Chavez
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: <u>2/7/2014</u>

Date Mailed: 2/7/2014

**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

## RJC/hw

