

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

**IN THE MATTER OF:**



Reg. No.: 2014 22099  
Issue No(s) : 3003, 2000, 6000  
Case No.: [REDACTED]  
Hearing Date: February 13, 2014  
County: Wayne (15)

**ADMINISTRATIVE LAW JUDGE:** Lynn M. Ferris

**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 February 13, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] ES.

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly  deny Claimant's application  close Claimant's case  reduce Claimant's benefits for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?        | <input type="checkbox"/> Adult Medical Program (AMP)?       |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input type="checkbox"/> Medical Assistance (MA)?                  | <input type="checkbox"/> 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:

1. Claimant  applied for  received:  
 FIP  FAP  MA  AMP  SDA  CDC  
benefits.
2. Claimant was required to submit requested verification by December 27, 2013.

3. The Department denied the Claimant's CDC application on January 16, 2014 which was after the Claimant's Request for hearing (1/6/14); therefore, the current hearing request is prior to the date the Department took action on Claimant's CDC application and, therefore, is not covered by the Department's action on the CDC case.
4. On January 1, 2014, the Department
  - denied Claimant's application.
  - closed Claimant's case.
  - reduced Claimant's benefits.
5. On December 30, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
6. At the hearing the Claimant agreed that no issue remained as regards her Medical Assistance and therefore did not wish to proceed with her hearing.
7. On January 6, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) 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 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.

Additionally, the evidence at the hearing did not establish that the Claimant failed to provide check stubs for November 2013 as requested by Verification Checklist dated December 17, 2013. The Claimant credibly testified that she provided all the requested check stubs before the December 27, 2013 due date and signed the Department's sign in book at the front desk. The Department did not have a case file at the hearing and did not offer any testimony regarding the Claimant's testimony regarding submission of

the check stubs. Based upon the evidence presented, it is determined that the Department improperly closed the Claimant's FAP case for failure to verify and income as the Claimant did provide the requested verifications. BAM 130 (7/1/13).

Additionally, the Claimant did not wish to proceed on her request for hearing regarding Medical Assistance as that issue was resolved and therefore is dismissed.

The Claimant's request for hearing regarding her CDC application is not covered by the Claimant's January 6, 2014 hearing request as the Department had not taken action on the CDC application at the time of the hearing request; therefore, there is no action by the Department which can be reviewed.

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

did not act in accordance with Department policy when it closed the Claimant's Food Assistance case due to failure to provide income verification and November 2013 check stubs.

### **DECISION AND ORDER**

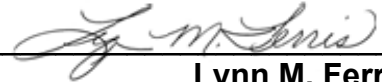
Accordingly, the Department's decision is

REVERSED.

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:

1. The Department shall reinstate the Claimant's Food Assistance effective January 1, 2014 and shall process the case and determine Claimant's eligibility. The Department may also seek further verification, if any information is required, to determine Claimant's eligibility.
2. The Department shall issue a FAP supplement to the Claimant for FAP benefits the Claimant was otherwise entitled to receive in accordance with Department policy.
3. The Claimant's request for hearing regarding Medical Assistance is dismissed as it was withdrawn at the hearing on the record and is DISMISSED.

4. The Claimant's request for hearing dated January 6, 2014 regarding her CDC application dated January 10, 2013 is DISMISSED for the reason stated in this Decision, as no action had been taken by the Department on the application at the time of the Claimant's January 6, 2014 request for hearing.



**Lynn M. Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: February 21, 2014

Date Mailed: February 21, 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

2014-22099/LMF

LMF/cl

cc:

