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

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due to excess income.

	Reg. No.: Issue No(s).: Case No.: Hearing Date: County:	201415950 2001 February 6, 2014 Wayne (57)
ADMINISTRATIVE LAW JUDGE: Robert J. Chav	/ez	
HEARING DECIS	SION	
Following Claimant's request for a hearing, the Administrative Law Judge pursuant to MCL 400.9 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99 notice, a telephone hearing was held on Februaricipants on behalf of Claimant included the Department of Human Services (Department)	and 400.37; 7 CF 9.33; and 45 CFR ary 6, 2014, fror . Parti	R 273.15 to 273.18; 2 205.10. After due
ISSUE		
Did the Department properly $igtiez$ deny Claimant's for:	application	ose Claimant's case
☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)? ☐ Adult Medical Assistance (AMP)? ☐	_	,
FINDINGS OF F	<u>ACT</u>	
The Administrative Law Judge, based on the evidence on the whole record, finds as material fa	· ·	ial, and substantial
Claimant ⊠ applied for ☐ received: ☐ FIP ☐ FAP ☑ MA ☐ AMP ☐ benefits.	SDA □CDC	□DSS □SSP

On _____, the Department ⊠ denied Claimant's application ☐ closed Claimant's case

3.	On Representative (AR) its decision.
4.	On Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.
	CONCLUSIONS OF LAW
Adn	partment policies are contained in the Department of Human Services Bridges ninistrative Manual (BAM), Department of Human Services Bridges Eligibility Manual M), and Department of Human Services Reference Tables Manual (RFT).
Res US0 Age	The Family Independence Program (FIP) was established pursuant to the Personal sponsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 42 C 601 to 679c. The Department (formerly known as the Family Independence ency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, 00.3101 to .3131.
is es is ir Dep	The Food Assistance Program (FAP) [formerly known as the Food Stamp program] stablished by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and applemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The partment (formerly known as the Family Independence Agency) administers FAP suant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.
Sec 100 Inde	The Medical Assistance (MA) program is established by the Title XIX of the Social curity Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 8.59. The Department of Human Services (formerly known as the Family ependence 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 ninistered by the Department pursuant to MCL 400.10.
Act, Fan	The State Disability Assistance (SDA) program is established by the Social Welfare MCL 400.1119b. The Department of Human Services (formerly known as the hily Independence Agency) administers the SDA program pursuant to MCL 400.10 Mich Admin Code, R 400.31513180.
and Chil and 104 adm	The Child Development and Care (CDC) program is established by Titles IVA, IVE XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the d Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL-193. The program is implemented by 45 CFR 98.1-99.33. The Department hinisters the program pursuant to MCL 400.10 and provides services to adults and dren 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.
Additionally, claimant applied for the ALMB program. Per testimony, claimant estimated income of around \$1600 per month. Claimant receives RSDI in the amount of \$1366.90 per month. CLaimant also receives up to \$357 per month in pension benefits. The ALMB limit \$1293 per month, and thus claimant's income exceeds the income limit for the program.
Furthermore, while claimant argued that her income should have been \$1335 per month, this is still above the income limit and would still result in ALMB denial.
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
 □ acted in accordance with Department policy when it denied claimant's application for the ALMB program. □ 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 .
DECISION AND ORDER
Accordingly, the Department's decision is
□ AFFIRMED.□ REVERSED.□ AFFIRMED IN PART with respect to and REVERSED IN PART with respect to .
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:
w//hw/
Robert J. Chavez
Administrative Law Judge
for Maura Corrigan, Director Department of Human Services

Date Signed: 2/28/2014

Date Mailed: 2/28/2014

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

