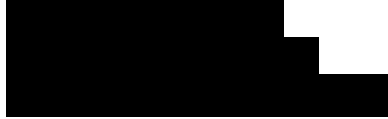


**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**



Reg. No.: 14-005698  
Issue No.: 1001, 6001, 3001, 5001  
Case No.:   
Hearing Date: July 30, 2014  
County: INGHAM

**ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie**

**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 Wednesday, July 30, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included , ES , FIM.

**ISSUE**

Due to excess income, did the Department properly  close Claimant's case for:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Family Independence Program (FIP)? | <input checked="" type="checkbox"/> State Emergency Relief (SER)?     |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP)?     | <input checked="" type="checkbox"/> Child Development and Care (CDC)? |
| <input type="checkbox"/> Medical Assistance (MA)?                      |   |

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Claimant  received:  FIP,  FAP,  SER and  CDC benefits.
2. On June 11, 2014, the Department  denied Claimant's application  closed Claimant's case due to excess income.
3. On June 11, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.

4. On June 18, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing 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, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, 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 273. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001 to .3015.

The State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Family Independence Agency) pursuant to MCL 400.10 and by Mich Admin Code, R 400.7001 through R 400.7049. Department policies are found in the Department of Human Services State Emergency Relief Manual (ERM).

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.

Additionally, the Department has failed to meet their burden. There were no budgets submitted for the contested programs of FIP, FAP, CDC, and SER. A new budget was not run until [REDACTED] at her semi-annual report where the Claimant reported a [REDACTED] that was inputted by the Department Caseworker into BRIDGES on [REDACTED] [REDACTED]. In addition, she reported a [REDACTED] in [REDACTED] but the Department did not receive the employment verification until March 28, 2014. Department 6-7. It looks like everything for the Claimant was budgeted on June 11, 2014 for her semi-annual not when the income was reported. This

Administrative Law Judge does not a budget or notice for March 2014 and May 2014.

There is just a notice of case action for June 11, 2014. Department Exhibit 10-14. The Claimant's cash assistance was denied due to excess income, but no budget was provided. This Administrative Law Judge is not clear as to whether there was a new application that was denied compared to a case being closed and the hearing summary and record is not clear. The Claimant's FAP benefits were decreased to \$ [REDACTED] for a household group of 3, but no budget was provided.. For CDC, the Claimant was denied for March 23, 2014 until April 19, 2014 because there was no need? I thought the Claimant was working two jobs of [REDACTED]. From June 29, 2014, CDC was denied due to excess income. There is no mention of what the eligibility is for CDC from April 20, 2014 until June 28, 2014.

As a result, the Department is reversed and is required to redetermine eligibility for the contested programs. BEM 505, 515, 518, and 520.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it failed to provide a budget for the contested programs when earned income was reported and notices of case action that showed that the Claimant was informed of her eligibility.

### **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. Initiate a redetermination of the Claimant's eligibility for FAP, FIP, SER, and CDC by determining eligibility and running a budget when the income was reported. If the Claimant is no longer eligible due to excess income because of Department error in not running a timely budget based on policy, no recoupment action should be taken.
2. Provide the Claimant with written notification of the Department's revised eligibility determination.

3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.

*Carmen G. Fahie*

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Carmen G. Fahie  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **8/8/2014**

Date Mailed: **8/8/2014**

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 Claimant;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

CGF/tb

cc:

