

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-21573
Issue No(s): 6001
Case No.: [REDACTED]
Hearing Date: March 25, 2014
County: Oakland 02

ADMINISTRATIVE LAW JUDGE: Darryl T. Johnson

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 March 25, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included Assistance Payments Supervisor [REDACTED].

ISSUE

Did the Department properly end Claimant's Child Development Care (CDC) benefits?

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 was an on-going recipient of CDC for his two children.
2. On November 12, 2013, the Department mailed to Claimant a Redetermination form which required him to provide updated income information. Claimant completed and returned the form. (Exhibit 1 Pages 9-12.)
3. Claimant provided the Department with copies of weekly pay stubs for pay dates of October 18, 2013 (\$ [REDACTED] gross); October 25, 2013 (\$ [REDACTED] November 1, 2013 (\$ [REDACTED] November 8, 2013 (\$ [REDACTED] and November 15, 2013 (\$ [REDACTED] (Exhibit 1 Pages 5-6.)
4. On December 23, 2013 the Department mailed a Notice of Case Action (NCA) to Claimant advising him that his income exceeded the CDC eligibility limits and his CDC would be closed beginning January 12, 2014. (Exhibit 1 Pages 3-4.)
5. On January 2, 2014, Claimant filed a hearing request. (Exhibit 1 Page 2.)

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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services 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 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 400.5001-.5020. The table that details the income limits for CDC is found at RFT 270. A portion of that table follows:

PROGRAM GROUP SIZE		GROSS MONTHLY INCOME - Effective 02/01/2003				
1 or 2	\$0 - \$1496	\$1497 - \$1533	\$1534 - \$1570	\$1571 - \$1607	No DHS assistance if gross monthly income is over \$1607	
3	\$0 - \$1847	\$1848 - \$1895	\$1896 - \$1943	\$1944 - \$1990	No DHS assistance if gross monthly income is over \$1990	
4	\$0 - \$2198	\$2199 - \$2255	\$2256 - \$2311	\$2312 - \$2367	No DHS assistance if gross monthly income is over \$2367	
5	\$0 - \$2551	\$2552 - \$2616	\$2617 - \$2681	\$2682 - \$2746	No DHS assistance if gross monthly income is over \$2746	
% of DHS Rate Paid	95%	90%	80%	70%		

For a group size of 3 the income limit is \$1,990. No assistance is provided if gross monthly income is over \$1,990.

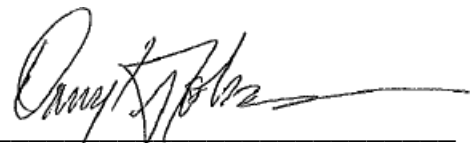
The CDC eligibility is based upon budgetary calculations, which in turn depend upon income – earned and unearned. When Claimant provided update earnings information he submitted pay stubs for five weekly paychecks. The four paychecks prior to his Redetermination were October 25, 2013 (\$ [REDACTED] November 1, 2013 (\$ [REDACTED] November 8, 2013 (\$ [REDACTED] and November 15, 2013 (\$ [REDACTED]. They total \$ [REDACTED] which is an average of \$ [REDACTED] weekly. Using the standard calculation to convert four weekly paychecks into a monthly (30 day) amount his monthly gross earned income is \$ [REDACTED] ($\$ [REDACTED] \times 4.3 = \$ [REDACTED]$).

There is no evidence that the Department erred in its calculation of Claimant's CDC ineligibility.

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 acted in accordance with Department policy when it closed Claimant's CDC.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.



Darryl T. Johnson
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: March 28, 2014

Date Mailed: March 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

DTJ/las

cc:

