

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

IN THE MATTER OF:



Reg. No.: 14-011609
Issue No.: 2003, 3000, 6001
Case No.: [REDACTED]
Hearing Date: October 14, 2014
County: KENT-DISTRICT 1 (FRANKLIN)

ADMINISTRATIVE LAW JUDGE: Gary Heisler

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 October 14, 2014, from Lansing, Michigan. Participants on behalf of Claimant included herself and her Circuit Court probation officer, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator [REDACTED] FIM [REDACTED] CM [REDACTED] and RA [REDACTED]. The Food Assistance Program portion of this hearing is dismissed because Claimant's Food Assistance Program has already been reinstated by the Department.

ISSUE

Did the Department properly close Claimant's Medical Assistance beginning September 1, 2014?

Did the Department properly deny Claimant's June 16, 2014, Child Development and Care Program application?

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 ongoing recipient of Medical Assistance and Food Assistance Program benefits.
2. On June 16, 2014, Claimant submitted an online Child Development and Care Program application.

3. On June 25, 2014, Claimant was sent a Child Development and Care Program Verification Checklist (DHS-3503). The required verifications were due by July 7, 2014.
4. On June 25, 2014, Claimant was also sent a Notice of Case Action (DHS-1605) which incorrectly closed her Food Assistance Program.
5. On July 8, 2014, Claimant's Child Development and Care Program application was denied because no authorized provider had been identified.
6. On July 15, 2014, Claimant was sent a Medical Assistance Redetermination (DHS-1010).
7. On August 18, 2014, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606) which stated her Medical Assistance would end September 1, 2014.
8. On September 4, 2014, Claimant submitted a hearing request.
9. On September 17, 2014, Claimant's Food Assistance Program was reinstated.

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).

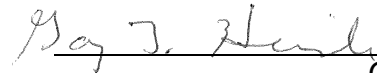
The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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.

During this hearing Claimant does not dispute closure of her Medical Assistance or denial of her Child Development and Care Program application. 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 denied Claimant's June 16, 2014, Child Development and Care Program application and closed her Medical Assistance beginning September 1, 2014.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.



Gary Heisler
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **10/27/2014**

Date Mailed: **10/27/2014**

GFH/hj

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 client;
- 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

cc:

