

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-014882  
Issue No.: 6001  
Case No.: [REDACTED]  
Hearing Date: February 05, 2015  
County: OAKLAND-DISTRICT 2

**ADMINISTRATIVE LAW JUDGE: Susan C. Burke**

**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 5, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Family Independence Manager, and [REDACTED], Assistance Payments Worker.

**ISSUE**

Did the Department properly close Claimant's Child Development and Care (CDC) case?

**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's Family Independence Program (FIP) case closed on [REDACTED].
2. The Department did not present a Notice of Case Action regarding the FIP case closure at the hearing.
3. Claimant was in a CDC group size of three.
4. Claimant's group monthly gross income was \$2,580.00.
5. Claimant's CDC case was closed on or about [REDACTED].
6. During the hearing, the Department did not show a Notice of Case Action showing when Claimant's CDC case closed.

7. During the hearing, the Department did not show in writing which months Claimant received Transitional CDC.
8. Claimant requested a hearing on [REDACTED].

### **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.

BEM 703 (8/2014), p. 16, instructs that Transitional CDC eligibility exists only for FIP cases that close as a result of excess income. The transitional period is the first six consecutive CDC biweekly pay periods following the last month of the receipt of FIP. At the end of the six biweekly pay periods, Bridges will determine continuing eligibility under the income-eligible policy.

In the present case, the Department representatives testified that Claimant's FIP case closed on [REDACTED]. Claimant did not dispute this fact. However, the Department did not present a Notice of Case Action showing when and why the FIP case closed.

The Department representatives further testified that Claimant's CDC case underwent Transitional CDC. Claimant agreed with the Department that her monthly gross income was \$2,580.00. Claimant's income exceeded the monthly CDC limit of \$1,990.00. RFT 270 (8/2014)

Although it appears that the Department was correct in closing Claimant's CDC case due to excess income and due to the end of the Transitional CDC, the Department did not show which months Claimant received Transitional CDC, and the Department did not show Notices of Case Action showing when Claimant's FIP and CDC cases closed.

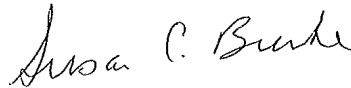
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Claimant's CDC.

**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. Notify Claimant in writing of the FIP case closure of on or about [REDACTED].
2. Notify Claimant in writing of the months Claimant received Transitional CDC.
3. Notify Claimant in writing of Claimant's CDC case closing.



---

**Susan C. Burke**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **2/9/2015**

Date Mailed: **2/9/2015**

SCB / hw

**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 48909-8139

cc:

