

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

██████. No.: 15-003437  
Issue No.: 6001  
Case No.: ██████████  
Hearing Date: April 16, 2015  
County: WAYNE-76

**ADMINISTRATIVE LAW JUDGE: Robert J. Chavez**

**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 19, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Family Independence Manager.

**ISSUE**

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

Did the Department properly issue Claimant's 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 a CDC recipient.
2. Claimant's CDC case was closed as of February 22, 2015 for exceeding the gross income limit.
3. Claimant's total countable income was calculated at \$ ██████████.
4. The gross income limit for CDC is ██████████.
5. Claimant was sent a notice of case action with regard to the closure on February 6, 2015.

6. Claimant has not received all CDC payments prior to the date of case closure, February 22.
7. On February 23, 2015, Claimant requested a hearing.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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.

Claimant's income exceeded the income limit given in RFT 270 (2014). While Claimant alleged that she did not receive child support income of [REDACTED] that was factored into her child support budget, Claimant did not provide evidence of past child support payments to support her contention and, even if Claimant was given full credibility on the issue, the amount Claimant disputes would not in any way change Claimant's eligibility status for CDC benefits. Claimant's income exceeds the CDC eligibility guidelines by almost [REDACTED]. Removing [REDACTED] from that calculation would not have an effect on Claimant's eligibility.

Therefore, the Department was correct to close Claimant's CDC benefits.

However, Claimant also alleged that the Department failed to fully pay Claimant CDC benefits for the period of time before her case closed. The Department agreed that not all benefits had been issued. Therefore, as Claimant was eligible for CDC benefits before case closure, and as the Department agrees that not all CDC payments were issued, the Department must issue the CDC payments for which Claimant is still eligible.

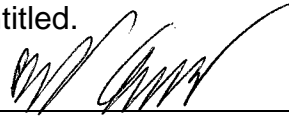
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it closed Claimant's CDC benefit case. The Department did not act in accordance with Department policy when it failed to issue all benefits to which Claimant was entitled.

**DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED IN PART**, with respect to the ultimate CDC closure, and **REVERSED IN PART**, with respect to the failure to issue all CDC benefits to which the Claimant was otherwise entitled.

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. The Department is hereby ORDERED to issue any CDC benefits, including back benefits, to which the Claimant is otherwise entitled.



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**Robert J. Chavez**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **4/17/2015**

Date Mailed: **4/17/2015**

RJC / tm

**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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

[REDACTED]