

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

IN THE MATTER OF:

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MAHS Reg. No.: 15-015673
Issue No.: 6002
Agency Case No.: ██████████
Hearing Date: October 29, 2015
County: Wayne (P2P)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

Following Petitioner'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; and Mich Admin Code, R 792.11002. After due notice, a 3-way telephone hearing was held on October 29, 2015, from Detroit, Michigan. Participants included the above-named Petitioner. Participants on behalf of the Michigan Department of Health and Human Services (MDHHS) included ██████████ Pathways to Potential success coach.

ISSUE

The issue is whether MDHHS properly denied Petitioner's Child Development and Care (CDC) 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. On July 1, 2015, Petitioner applied for CDC benefits.
2. Petitioner's need reason for CDC was based on recurring hospitalizations for her 2-year-old child.
3. On an unspecified date, MDHHS mailed Petitioner a Child Care Family Preservation Need Verification (DHS-4785).
4. On July 13, 2015, MDHHS received a partially completed DHS-4785 from Petitioner.
5. On August 12, 2015, MDHHS denied Petitioner's CDC application.

6. On August 25, 2015, Petitioner requested a hearing to dispute the denial of CDC benefits.

CONCLUSIONS OF LAW

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. MDHHS 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. MDHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute a denial of CDC benefits. MDHHS presented a Notice of Case Action (Exhibits 3-4) verifying the reason for denial was a failure by Petitioner to verify information and a lack of need reason.

It was not disputed that Petitioner's CDC need reason was based on the frequent medical encounters for her 2-year old son. Petitioner's need for CDC was based on what MDHHS refers to as a "family preservation" need.

The DHS-4575, Child Care Family Preservation Need Verification, must be used to document the family preservation child care need. BEM 703 (July 2015), p. 7. The DHS-4575 verifies the reason CDC services are needed, the activities the parent is expected to participate while the child receives CDC, how often the parent is seen, the length of time CDC is needed, the days and times CDC is needed, and the child needing child care. *Id.*, pp. 7-8. The form must be signed by a person verifying the need (e.g. physician, clinical psychologist or counselor...) (see *Id.*, p. 7).

MDHHS presented a DHS-4575 which was half completed by Petitioner. Petitioner completed a section indicating which of her children needed care and the reason her children needed care. The section requiring a professional's signature and statements of need for CDC was blank.

Petitioner's testimony initially alleged MDHHS never sent her a DHS-4575. Petitioner's allegation is unpersuasive when factoring she completed half of the form.

The client is responsible for obtaining any requested verifications needed to determine eligibility. BEM 702 (July 2015), p. 1. The client is allowed a full 10 calendar days from the date verification is requested (the date of request is not counted) to provide the requested information. *Id.* For CDC benefits, [MDHHS is to] send a negative action notice when the client indicates refusal to provide a verification, or the time period given

has elapsed and the client has not made a reasonable effort to provide it. BAM 130 (July 2015), p. 7.

Based on the presented evidence, it is found that Petitioner's failure to fully complete a DHS-4575 was not a reasonable effort to provide requested verification. Accordingly, the denial of Petitioner's CDC application was proper.

DECISION AND ORDER

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly denied Petitioner's CDC application dated July 1, 2015, due to Petitioner's failure to submit verification of CDC need. The actions taken by MDHHS are **AFFIRMED**.



Christian Gardocki

Administrative Law Judge
for Nick Lyon, Director

Department of Health and Human Services

Date Signed: **10/30/2015**

Date Mailed: **10/30/2015**

CG/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]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]