

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-020825
Issue No.: 6004, 3008
Agency Case No.: [REDACTED]
Hearing Date: January 13, 2016
County: Oakland-District 4

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 telephone hearing was held on January 13, 2016, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED]

ISSUE

Did the Department properly determine Claimant's FAP allotment and CDC eligibility?

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 August 25, 2015, Claimant applied for Child Day Care Assistance. Claimant was a recipient of FAP benefits.
2. Claimant submitted an incomplete CDC provider form on September 2, 2015, failing to check the box stating that the provider was a relative.
3. Claimant submitted a complete provider form on October 12, 2015.
4. Claimant's CDC provider was eligible for payment on October 12, 2015.
5. On October 19, 2015, Claimant's FAP benefit was reduced to \$ [REDACTED] after her employment income with [REDACTED] was budgeted. This income was discovered through Work Number.
6. Claimant had gross employment income of \$ [REDACTED] during the 30 days prior to the discovery of her employment income on October 19, 2015, having earned \$ [REDACTED]

on September 25, 2015, \$ [REDACTED] on October 2, 2015, \$ [REDACTED] on October 9, 2015 and [REDACTED] on October 16

7. Claimant requested hearing on November 4, 2015, disputing the determination of her CDC benefits and the amount of her FAP allotment.

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 Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

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.

Non-Child Support Income

Using Past Income

Use past income to prospect income for the future unless changes are expected:

- Use income from the **past 30 days** if it appears to accurately reflect what is expected to be received in the benefit month. BEM 505

In this case, with regard to CDC benefits, Claimant acknowledged that she did not check the box on the Child Development and Care Provider Verification form when she submitted the form on September 2, 2015. Claimant questioned why she was not informed that the form was incomplete so that she could correct the error sooner. Claimant was not made aware that the form was incomplete until October 8, 2015. Claimant's provider was not eligible for payment until October 20, 2015, because she had to re-register in the provider system. The delay in Claimant's provider being eligible to receive payment was unrelated to the delay caused by the incomplete form. Therefore the Department's actions with regard to CDC benefits will stand.

With regard to FAP benefits, Claimant disputed the employment income used to calculate her November 2015 FAP benefit. Claimant acknowledged that the income information received from Work Number regarding her employment with [REDACTED] was accurate. The Department budgeted \$ [REDACTED] in gross employment income. Claimant had gross employment income of \$ [REDACTED] for the 30 days prior to October 19, 2015, when her FAP benefits were reprocessed. Claimant did not dispute any of the other factors the Department used to calculate her FAP benefits. Claimant was not entitled to any additional FAP benefits during the time period in question.

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 determined Claimant's CDC and FAP benefits.

DECISION AND ORDER

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



Aaron McClintic
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Mailed: **1/21/2016**

AM/las

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:

