



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: February 13, 2020
MOAHR Docket No.: 20-000219
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: John Markey

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; 42 CFR 438.400 to 438.424; 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 February 13, 2020 from Detroit, Michigan. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by Stephanie Wallingford, Family Independence Specialist. During the hearing, a 20-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-20.

ISSUE

Did the Department properly determine Petitioner's eligibility for cash benefits under the Family Independence Program (FIP)?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner lived with her husband, their four children, and four children who were previously wards of the state before being placed in Petitioner's care.
2. Petitioner was an ongoing recipient of FIP cash benefits from the Department. She received \$ [REDACTED] per month as an ineligible grantee. The benefits were for the four children who were previously wards of the state.

3. On [REDACTED], 2019, the Department issued to Petitioner a Notice of Case Action informing Petitioner that her monthly FIP benefits were being reduced to \$[REDACTED], effective [REDACTED], 2020 as a result of the Department's determination that Petitioner failed to provide proof of immunizations. Exhibit A, pp. 5-9.
4. On [REDACTED], 2020, Petitioner submitted to the Department a request for hearing objecting to the Department's reduction of her monthly FIP benefits.
5. On [REDACTED], 2020, the Department issued to Petitioner a Notice of Case Action informing Petitioner that her monthly FIP benefits were being increased back to \$[REDACTED], effective February 1, 2020. Exhibit A, pp. 14-18.
6. As a result of the Department's action and subsequent reversal, Petitioner has received \$[REDACTED] in FIP benefits each relevant month and is approved to continue to receive the same as of the date of the 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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101-.3131.

In this case, Petitioner objected to the Department's [REDACTED], 2019 Notice of Case Action informing Petitioner that her monthly FIP benefits were being reduced from \$[REDACTED] to \$[REDACTED], effective [REDACTED] 2020. Shortly after receiving the request, the Department issued a [REDACTED], 2020 Notice of Case Action effectively reversing the [REDACTED], 2019 Notice of Case Action and informing Petitioner that she would continue to receive \$[REDACTED] per month. Thus, during all times relevant to the instant matter, Petitioner received \$[REDACTED] per month in FIP benefits and is scheduled to continue to receive that amount, at least as of the date of the hearing.

Petitioner's household consisted of herself, her husband, the four children of Petitioner and her husband, and four children who are wards of the state that Petitioner has custody over. Petitioner's household income is approximately \$[REDACTED] to [REDACTED] per month.

Where an unrelated caretaker receives FIP cash assistance based on solely on the presence of a child placed in the home by children's services, the caretaker is designated as an ineligible grantee. RFT 210 (April 2017), pp. 1-2. The Department is required to use the ineligible grantee payment in such circumstances. RFT 210, p. 1. The maximum FIP cash assistance allowable for a group of four with an ineligible grantee is \$557 per month. RFT 210, p. 1.

Petitioner was approved for and actually received FIP cash assistance in the amount of \$[REDACTED] for a group of four that has an ineligible grantee. As that is the maximum amount allowable by law, Petitioner may not be granted anything additional.

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 that Petitioner was eligible for \$[REDACTED] per month in FIP cash assistance.

DECISION AND ORDER

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

JM/tm



John Markey
Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

DHHS

Chelsea McCune
27690 Van Dyke
Warren, MI
48093

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

cc: FIP: B. Sanborn; M. Schoch
Macomb AP Specialist (4)