STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

,

Claimant

Reg. No: 2010-28076

Issue No: 3002, 3014, 2018

Case No:

Load No: Hearing Date:

April 20, 2010

Ingham County DHS

ADMINISTRATIVE LAW JUDGE: Kevin Scully

HEARING DECISION

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on March 15, 2010.

After due notice, a telephone hearing was held on Tuesday, April 20, 2010.

<u>ISSUES</u>

Whether the Department of Human Services (Department) properly determined the Claimant's Food Assistance Program eligibility?

Whether the Department of Human Services (Department) properly determined the Claimant's Medical Assistance (MA) eligibility?

FINDINGS OF FACT

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

- (1) The Claimant receives FAP benefits.
- (2) The Claimant receives MA coverage.
- (3) The Claimant receives monthly Retirement, Survivor's and Disability Insurance (RSDI) in the gross monthly amount of
 - (4) The Claimant has monthly child support expenses of
- (5) The Claimant has monthly shelter expenses of and is responsible for paying heat and utilities.
- (6) The Claimant had full Medicaid coverage from January 1, 2009, through December 31, 2009.
- (7) A redetermination was completed for FAP and MAP eligibility on February 4,2010.
- (8) The Department received the Claimant's request for a hearing on March 15, 2010, protesting his FAP and MA eligibility.

CONCLUSIONS OF LAW

The Food Assistance Program (FAP) (formerly known as the Food Stamp program, is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or Department), administers the FAP program pursuant to MCL 400.10, et seq., and MAC R 400.3001-3015. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or Department) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

For FAP purposes, all earned and unearned income available to the Claimant is countable. Earned income means income received from another person or organization or from self-employment for duties for duties that were performed for compensation or profit. Unearned income means all income that is not earned, including but not limited to funds received from the Family Independence Program (FIP), State Disability Assistance (SDA), Child Development and Care (CDC), Medicaid (MA), Social Security Benefits (RSDI/SSI), Veterans Administration (VA), Unemployment Compensation Benefits (UCB), Adult Medical Program (AMA), alimony, and child support payments. The amount counted may be fore than the client actually receives because the gross amount is used prior to any deductions. BEM 500.

The Department determines a client's eligibility for program benefits based on the client's actual income and/or prospective income. Actual income is income that was already received. Prospective income is income not yet received but expected. Prospective budgeting is the best estimate of the client's future income. BEM 505.

All income is converted to a standard monthly amount. If the client is paid weekly, the Department multiplies the average weekly amount by 4.3. If the client is paid every other week, the Department multiplies the average bi-weekly amount by 2.15. BEM 505.

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. BAM 105, p. 5. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130, p. 1. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130, p. 1. The Department uses documents, collateral contacts, or home calls to verify information. BAM 130, p. 1. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130, p. 2. When documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130, p. 2.

FAP group composition is established by determining who lives together, the relationship of the people who live together, whether the people living together purchase and prepare food together or separately, and whether the persons resides in an eligible living situation. BEM 212. When a child spends time with multiple caretakers who do not live together, only one person can be the primary caretaker, and the other caretaker is considered the absent caretaker. BEM 212. The child is always in the FAP group of the primary caretaker. BEM 212. The absent caretaker may receive FAP benefits for the child when the child is visiting the absent caretaker for more than 30 days. BEM 212. If the child spends virtually half of the days in each home, the caretaker who is found eligible for FAP benefits first is the primary caretaker. BEM 212.

The Claimant argues that he should receive FAP benefits for his children that live in his household on weekends. However, these children spend less than half of each month living with

the Claimant. Therefore, the Department properly included them in the FAP group of another person who is considered their primary caretaker for FAP purposes.

The Claimant receives monthly income from RSDI in the gross monthly amount of

The standard deduction of and Claimant's monthly child support expenses of are subtracted from his income to determine his adjusted gross income of the Claimant has monthly shelter expenses of and is entitled to the heat and utility standard deduction. Subtracting half of this the Claimant's adjusted gross income from his housing expenses would result in an excess shelter deduction of the claimant is limited by the shelter maximum of

The Claimant's net income of is determined by subtracting the shelter maximum from his adjusted gross income. A claimant with a group size of one and a net income of entitled to a FAP allotment of which is the amount of FAP benefits granted to the Claimant for this period. RFT 260. I find that the Department has established that it acted in accordance with policy determining Claimant's FAP allotment.

The Claimant testified that he has medical bills that should have been paid under his MA coverage. The Department's records establish that the Claimant was approved for full Medicaid coverage for all of 2009, and the Claimant did not lose MA coverage at any time relevant to this matter. This Administrative Law Judge agrees with the Department's recommendations that the Claimant should instruct his medical provider to resubmit any outstanding bills to Medicaid.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department established that it acted according to policy when determing the Claimant's FAP and MA eligibility.

The Department's FAP and MA eligibility determinations are AFFIRMED, it is SO ORDERED.

/_S/

Kevin Scully
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: April 30, 2010

Date Mailed: April 30, 2010

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 60 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

KS/vmc

cc:

