#### STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

#### IN THE MATTER OF:



Reg. No.: Issue No.: Case No.: Hearing Date: County:

201213183 3003

December 19, 2011 Macomb County DHS (20)

### ADMINISTRATIVE LAW JUDGE: Andrea J. Bradley

### HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on December 19, 2011, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant, **December 19**. Participants on behalf of Department of Human Services (Department) included **December 19**, Eligibility Specialist.

#### <u>ISSUE</u>

Due to an increase in income, did the Department properly ☐ deny the Claimant's application ☐ close Claimant's case ⊠ reduce Claimant's benefits for:

	imes
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Family Independence Program (FIP)?

Food Assistance Program (FAP)?

Medical Assistance (MA)?

- Adult Medical Assistance (AMP)?
- State Disability Assistance (SDA)?
- Child Development and Care (CDC)?

#### 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 applied for benefits for: received benefits for:



Family Independence Program (FIP). Food Assistance Program (FAP).

Medical Assistance (MA).

Adult Medical Assistance (AMP).

Child Development and Care (CDC)

Child Development and Care (CDC).

- 2. On November 1, 2011, the Department denied Claimant's application
   Closed Claimant's case reduced Claimant's benefits
   due to a change in income.
- On October 20, 2011, the Department sent
   □ Claimant □ Claimant's Authorized Representative (AR) notice of the □ denial. □ closure. □ reduction.
- 4. On October 26, 2011, Claimant or Claimant's AHR filed a hearing request, protesting the

 $\Box$  denial of the application.  $\Box$  closure of the case.  $\Box$  reduction of benefits.

### CONCLUSIONS OF LAW

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

The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq*.

☐ The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) 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 (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3001 through Rule 400.3015.

☐ The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, *et seq.*, and 2000 AACS, Rule 400.3151 through Rule 400.3180.

🗌 The	Child E	Develop	ment and	Care	e (C	DC) p	rogran	n is (	established by	Titles	IVA, ľ	VE
and XX	of the	Social	Security	Act,	the	Child	Care	and	Development	Block	Grant	of

1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.

Additionally, the proper procedures for calculating a monthly FAP benefit issuance is set forth in BEM 556. The first step begins with calculating the group's monthly gross income. Gross countable earned income is reduced by a 20% earned income deduction. Every case is allowed the standard deduction shown in RFT 255. The standard deduction is subtracted from the countable monthly income to calculate the group's adjusted gross income.

In this case, the Department testified that it received information that the Claimant's income increased from \$1058.00 per month to \$1224.00 per month. The Department testified that the Claimant's income was comprised of the following: \$645 in Retirement, Survivors, and Disability Insurance (RSDI) income; \$50 in Social Security Income (SSI); and \$516.00 in Child Support Income.

The Claimant offered credible testimony and documentary support to dispute that she ever received \$516.00 in Child Support Income. Moreover, the Department presented testimony based on the SOLQ reports, which further established that the Claimant has not received \$516.00 in Child Support Income, even if the income was averaged over a period of three months. Based on the above facts, there is insuffucient evidence to establish that the Department acted in accordance with Department policy when it decreased the Claimant's benefits based on an increase in income.

	denied Claimant's application
$\times$	reduced Claimant's benefits

closed Claimant's case

for:  $\square$  AMP  $\square$  FIP  $\boxtimes$  FAP  $\square$  MA  $\square$  SDA  $\square$  CDC.

# DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department i did act properly i did not act properly.

Accordingly, the Department's  $\square$  AMP  $\square$  FIP  $\boxtimes$  FAP  $\square$  MA  $\square$  SDA  $\square$  CDC decision is  $\square$  AFFIRMED  $\boxtimes$  REVERSED for the reasons stated on the record.

THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. The Department shall remove the negative action dated November 1, 2011 and recalculate the Claimant's FAP benefits in accordance with Department policy.
- 2. The Department shall supplement the Claimant for lost benefits she was eligible and otherwise enititled to receive but-for the November 1, 2011 negative action.

Andrea J. Bradlev

Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: <u>12/28/11</u>

Date Mailed: <u>12/28/11</u>

**NOTICE**: Michigan Administrative Hearing System (MAHS) 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. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome
  of the original hearing decision.
- A reconsideration <u>MAY</u> be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
  - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative Hearings Reconsideration/Rehearing Request

P. O. Box 30639 Lansing, Michigan 48909-07322

AJB/hw

CC:

# 201213183/AJB

