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

DEL ARTIMENT OF HOMAN DERVICES			
IN THE MATTER OF:			
	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2012 62232 2026, 3002 August 9, 2012 Oakland County DHS (04)	
ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris			
HEARING DECIS	SION		
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, telephone hearing was held on August 9, 2012, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and the Claimant and the Claimant included the Department of Human Services (Department) included the Claimant included the Claimant and Claimant included the Claimant included the Claimant and Claimant included the Claimant includ			
<u>ISSUE</u>			
Due to excess income, did the Department properly ☐ deny the Claimant's application ☐ close Claimant's case ☒ reduce Claimant's benefits for:			
☐ Family Independence Program (FIP)? ☐ Adult Medical Assistance (AMP)? ☐ State Disability Assistance (SDA)? ☐ Medical Assistance (MA)? Imposed a deductible ☐ Child Development and Care (CDC)?			
FINDINGS OF FA	<u>ACT</u>		
The Administrative Law Judge, based on the cevidence on the whole record, finds as material fac		rial, and substantial	
Claimant ☐ applied for benefits for: ☐ red	ceived benefits fo	r:	

Adult Medical Assistance (AMP).

State Disability Assistance (SDA).

Child Development and Care (CDC).

☐ Family Independence Program (FIP). ☐ Food Assistance Program (FAP). ☐ Medical Assistance (MA).

☐ The Child Development and Care (CDC) program is established by Titles IVA, IVE 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 MCI 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.
Additionally, at the hearing the medical deductible budget was reviewed, as were the unearned income amounts received by the Claimant for RSDI (\$579.90) and unemployment benefits received by Claimant's spouse in the amount of \$724 biweekly. The Claimant confirmed that these income amounts were correct. (See Exhibits 1 and 2). A thorough review of the deductible budget was conducted, and it is determined that the Department correctly calculated the deductible. Exhibit 4.
The Claimant currently receives \$16 in food assistance monthly and questions if the FAP benefit amount is correct. The Department presented a budget which included both the RSDI and unemployment unearned income received by the Claimant's FAF group. The budget included a \$65 medical expenses deduction due. The Medical premium and the excess shelter amount of \$361 was also correct. A review of the excess shelter calculation was made and the house expense of \$780 was confirmed as correct by the Claimant. Therefore, after a review of the FAP budget submitted, it is determined that the Department correctly calculated the Claimant's FAP benefits Exhibits 5 and 6. Per department policy, the Department is required to multiply bit weekly unemployment benefits received (in this case \$724 by 2.15, which equals \$1556 in unearned income, which when RSDI income is added in the amount of \$579 the total unearned income of \$2135 is correct as calculated by the Department). BEM 505.
The Claimant is urged to submit old and ongoing medical bills to the Department so the bills, if eligible, can be applied to both the Medicaid deductible and as a medical expense when calculating the food assistance benefits.
Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that, due to excess income, the Department $\  \  \  \  \  \  \  \  \  \  \  \  \ $
<ul> <li>☐ denied Claimant's application</li> <li>☒ reduced Claimant's benefits (FAP)</li> <li>☐ closed Claimant's case</li> <li>☒ correctly imposed and calculated a medical deductible of \$1366.</li> </ul>

**DECISION AND ORDER** 

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

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   ightharpoonup idd did not act properly.
Accordingly, the Department's $\square$ AMP $\square$ FIP $\boxtimes$ FAP $\boxtimes$ MA $\square$ SDA $\square$ CDC decision is $\boxtimes$ AFFIRMED $\square$ REVERSED for the reasons stated on the record.
$\hfill \square$ THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

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

Date Signed: August 17, 2012

Date Mailed: August 17, 2012

**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 **MAY** 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

LMF/hw

