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

DEPARTMENT OF HUMAN SERVICES		
IN THE MATTER OF:		
	Reg. No.: Issue No.: Case No.: Hearing Date: County:	2013 17523 3002 January 17, 2013 Wayne (17)
ADMINISTRATIVE LAW JUDGE: Lynn M. Fer	rris	
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, telephone hearing was held on January 17, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. also appeared as an interpreter. Participants on behalf of the Department of Hum an Services (Department included FIS.		
ISSUE	Į.	
Due to excess income, did the Department properly ☐ deny the Claimant's applic ation close Claimant's case ☒ reduce Claimant's benefits for:		
☐ Family Independence Program (FIP)? ☐ Food Assistance Program (FAP)? ☐ Medical Assistance (MA)?		sistance (AMP)? ssistance (SDA)? ent and Care (CDC)?
FINDINGS OF FACT		
The Administrative Law Judge, based on t he competent, material, and substantial evidence on the whole record, finds as material fact:		
1 Cla imant ☐ applied for benefits for ⊠	received 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).

2. On 1/1/12, the Department ☐ denied Claimant's application ☐ closed Claimant's case ☐ reduced Claimant's benefits due to excess income.		
3. On 12/08/12, the Department sent ⊠ Claimant ☐ Claimant's Authorized Representative (AR) notice of the ☐ denial. ☐ closure. ☑ reduction.		
4. On 12/10/12, Claimant or Claimant's AHR filed a hearing request, protesting the ☐ denial of the application. ☐ closure of the case. ☐ reduction of benefits.		
CONCLUSIONS OF LAW		
Department policies are contained in the Br idges 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, <i>et seq</i> .		
☐ The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and W ork Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, et seq. The Department (formerly k nown 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 Assistanc e Program (FAP) [fo rmerly known as the Food Sta mp (FS) program] is establis hed by the Food St amp Act of 1977, as amend ed, 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 Ass istance (MA) program is es tablished by the Title XIX of the Soc ial Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department (formerly known as the F amily Independence Agency) administers the MA program pursuant to MCL 400.10, <i>et seq.</i> , and MCL 400.105.		
☐ The State Disabilit y Assistance (SDA) program, which provides financial ass istance for disabled persons, is established by 2004 PA 344. The Department (formerly known as the F amily Independence Agency) administ ers the SDA program pursuant to M CL 400.10, et seq., and 2000 AACS, Rule 400.3151 through Rule 400.3180.		
☐ The Child Development and Care (CDC) program is establis hed by Titles IVA, IVE and XX of the Soc ial 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 Fede ral Regulations, Parts 98 and 99. T he Department provides servic es to adult s and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.

Additionally, in this case the proofs presented by the claimant and the Department confirmed that the Claimant received an increase in SSI and currently receives \$1063.90 which was an increase made to his benefits on December 1, 2012. Exhibits 1 and 2. After the increase the Claimant's SSI was \$1,063.90. The Department is required to include the gross income amount when computing food assistance benefits.

A review of the FAP budget was made and it could not be determined why the Department used unearned income of \$1274. The Claimant testified that SSI was his sole income. The Department correctly included medical expenses of \$70 based on the Claimant's Medicaid premium of \$104.90. The first \$35 of medical expense must be excluded and thus the Department's \$70 expense is correct. The Department could not explain why it used \$1274 income and thus it did not establish that it properly calculated the Claimant's food assistance based upon the correct income. Department of Human Services Bridges Eligibility Manual (BEM) 506 and 554. (October 2012).

As stated at the hearing, the Claimant, as an SSI recipient, may submit receipts for ongoing medical expenses which must be included in the FAP benefit calculation which may cause the FAP benefits to be increased depending on the amount of the medical expenses that are allowable. Additionally the Department did not explain the bas is for the recoupment amount of \$20 that it deducted from the Claimant's FAP benefits.

stated on the record, the Administrative La w Judge concludes that, due to excess income, the Department properly improperly		
 ☐ denied Claimant's application ☐ reduced Claimant's benefits ☐ closed Claimant's case 		
for:		
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 \square did act properly \square 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 initia te recalculation of the Clai mant's FAP benefits and shall include the SSI gross in come amount of \$1063.90 w hen c alculating the FAP benefits.
- 2. The Department shall issue a supplement to the Claimant for any FAP benefits the Claimant was otherwise entitled to receive in accordance with Department policy.
- 3. The Department shall al so provide information in wr iting to the Claimant to demonstrate the basis for the \$20 recoupm ent amount that it deducted f orm the Claimant's FAP benefits.

Lynn M. Ferris`
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: January 25, 2013

Date Mailed: January 25, 2013

NOTICE: Michigan Administrative Hearing S ystem (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the mailing date of this Dec ision and Order. MAHS will not or der a rehearing or reconsideration on the Department's mo tion where the final decis ion 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 ti mely 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

2013-17523/LMF

Michigan Administrative Hearings
Re consideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

LMF/cl

