

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

IN THE MATTER OF:

██████████
██████████
██████████

Reg. No.: 2013-45385
Issue Nos.: 2019, 3000
Case No.: ██████████
Hearing Date: June 3, 2013
County: Wayne 76

ADMINISTRATIVE LAW JUDGE: Jan Leventer

HEARING DECISION AND SETTLEMENT ORDER

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 June 3, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist.

ISSUES

Due to excess income, did the Department properly deny the Claimant's application close Claimant's case reduce Claimant's benefits for:

- | | |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)? | <input type="checkbox"/> Adult Medical Assistance (AMP)? |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> 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:

- | | |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP). | <input type="checkbox"/> Adult Medical Assistance (AMP). |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP). | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input checked="" type="checkbox"/> Medical Assistance (MA). | <input type="checkbox"/> Child Development and Care (CDC). |

2. On May 1, 2013, the Department denied Claimant's application closed Claimant's case reduced Claimant's benefits due to excess income.
3. On March 29, 2013, the Department sent Claimant Claimant's Authorized Representative (AR) notice of the denial. closure. reduction.
4. On May 7, 2013, 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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

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.

Additionally, Bridges Eligibility Manual (BEM) and the Reference Tables (RFT) contain the Department's policy and procedure for determining a customer's Medicaid deductible, or Patient Pay Amount (PPA).

The following findings of fact and conclusions of law are entered in this case. Claimant's gross income is \$1,197 per month. After a \$20 deduction applied to all unearned income, Claimant's countable income is \$1,177. Department of Human Services Bridges Eligibility Manual (BEM) 541 (2011), p. 3.

Claimant lives in Wayne County. This county is assigned to Shelter Area IV in the Department's Reference Table (RFT) 200, "MA Shelter Areas." Department of Human Services Reference Tables (RFT) 200 (2007). As a single resident in Shelter Area IV, Claimant's Protected Income Level, according to Reference Table 240, "MA Monthly Protected Income Levels," is \$375. Department of Human Services Reference Table (RFT) 240 (2007).

The next step in the calculation of Claimant's Patient Pay Amount, or deductible, is to subtract the \$375 protected income from the net countable income of \$1,177, which

results in a remaining amount of \$802. Department of Human Services Bridges Eligibility Manual (BEM) 545 (2011), pp. 8-9. In this case, the Department calculated Claimant's PPA at \$802.

Having reviewed the Department's PPA calculations, and all of the evidence in this case in its entirety, it is found and determined that the Department correctly calculated Claimant's deductible. The Department acted correctly regarding Claimant's PPA and shall be affirmed.

Next, the second issue in this case is the reduction of Claimant's food benefits. The law provides that disposition may be made of a contested case by stipulation or agreed settlement. MCL 24.278(2).

In the present case, Claimant requested a hearing to dispute the Department's action. Soon after commencement of the hearing, the parties testified that they had reached a settlement concerning the disputed action. Consequently, the Department agreed to do the following: review and recalculate Claimant's FAP benefit amount, and provide appropriate benefits.

As a result of this settlement, Claimant no longer wishes to proceed with the hearing regarding FAP benefits. As such, it is unnecessary for this Administrative Law Judge to render a decision regarding the facts and issues as to FAP.

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

did act properly did not act properly.


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

Further, the Administrative Law Judge concludes that the Department and the Claimant have come to a settlement regarding Claimant's request for a hearing regarding FAP benefits.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING ACTION WITHIN TEN DAYS OF THE MAILING DATE OF THIS ORDER:

1. Review and recalculate Claimant's FAP benefit level, using Reference Table 250, "FAP Income Limits," Column D: Monthly Categorical Income (200%) Limit, to determine the maximum allowable income.

2. Provide retroactive and ongoing FAP benefits to Claimant at the benefit level to which he is entitled.
3. All steps shall be taken in accordance with Department policy and procedure.



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

Date Signed: June 4, 2013

Date Mailed: June 5, 2013

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 **MAY** 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 affect the substantial rights of the claimant:
 - 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

JL/tm

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]