

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

IN THE MATTER OF:



Reg. No.: 201332206
Issue No.: 3015
Case No.: [REDACTED]
Hearing Date: March 28, 2013
County: Midland County DHS

ADMINISTRATIVE LAW JUDGE: C. Adam Purnell

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 March 28, 2013 from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] (Claimant) and [REDACTED] (Claimant's friend). Participants on behalf of Department of Human Services (Department) included [REDACTED] (Eligibility Specialist) and [REDACTED] (Family Independence Manager).

ISSUE

Did the department properly deny Claimant's application for Food Assistance Program (FAP) benefits due to excess income?

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 FAP benefits on February 14, 2013.
2. On February 20, 2013, the Department denied Claimant's application due to excess income.
3. On February 20, 2013, the Department sent Claimant a Notice of Case Action (DHS-1605).
4. On February 27, 2013, Claimant filed a hearing request, challenging the Department's denial of her FAP application.

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 1997 AACR 400.3001-3015.

For FAP purposes, all earned and unearned income available to an applicant or recipient is countable. BEM 500. Earned income means income received from another person or organization or from self-employment 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 (AMP), alimony, and child support payments. BEM 500.

The Department uses gross income when determining countable income. Gross income is the amount of income before any deductions such as taxes or garnishments. BEM 500. The amount counted may be more than the client actually receives. BEM 500.

The Department determines a group's benefits for a month based, in part, on a prospective income determination. BEM 505. A best estimate of income expected to be received by the group during a specific month is determined and used in the budget computation. BEM 505. The Department will obtain input from the client whenever possible to establish this best estimate amount. BEM 505. The client's understanding of how income is estimated reinforces reporting requirements and makes the client an active partner in the financial determination process. BEM 505.

A group's financial eligibility and monthly benefit amount are determined using actual income (income that was already received) and prospected income amounts (not received but expected). BEM 505. Only countable income is included in the determination; see BEM 500.

Each source of income is converted to a standard monthly amount, unless a full month's income will not be received. BEM 505. The Department will determine budgetable income using countable, available income for the benefit month being processed. BEM 505. For past months, the Department will use actual gross income amounts received for past month benefits, converting to a standard monthly amount, when appropriate. BEM 505. But prospective income **may** be used for past month determinations when all of the following are true: (1) income verification was requested and received; (2) payments were received by the client after verifications were submitted and (3) there

are no known changes in the income being prospected. BEM 505. For current and future months, policy indicates that the Department should prospect income using a best estimate of income expected to be received during the month (or already received). BEM 505. (Whenever possible, the Department should seek input from the client to establish an estimate). To prospect income, the Department will need to know: (1) the type of income and the frequency it is received (such as, weekly); (2) the day(s) of the week paid; (3) the date(s) paid; (4) the gross income amount received or expected to be received on each pay date. BEM 505.

The Department will use income from the past 60 or 90 days¹ for fluctuating or irregular income, if: (1) the past 30 days is not a good indicator of future income, and (2) the fluctuations of income during the past 60 or 90 days appear to accurately reflect the income that is expected to be received in the benefit month. BEM 505.

The Department's computer system known as "Bridges" will compute the average monthly income (and convert weekly and every other week amounts) based on the amounts and the number of months entered. BEM 505. When the income amount changes, the Department will adjust the amount(s) being budgeted for future pay periods. BEM 505. For earned income, if the rate of pay changes, but hours is expected to remain the same, the Department will use the past hours worked times the new rate of pay to determine the amount to budget for future pay periods. BEM 505. If there is a change in expected hours, but no change in the rate of pay, the Department will use the expected hours times the rate of pay to determine the amount to budget per pay period. BEM 505. If payments in the new amount have been received and they are accurate reflections of the future income, the Department will use them in the budget for future months. BEM 505.

All income is converted to a standard monthly amount. BEM 505. The Department will convert stable and fluctuating income that is received more often than monthly to a standard monthly amount. BEM 505. If the client is paid weekly, the Department multiplies the average weekly amount by **4.3**. BEM 505. If the client is paid every other week, the Department multiplies the average bi-weekly amount by **2.15**. BEM 505. Amounts that are received twice a month are added. BEM 505. But the Department should not convert income for the month income starts or stops if a full month's income is not expected in that month. BEM 505. The Department will use actual income received or income expected to be received in these months. BEM 505.

BEM 550 describes income budgeting policy. When the Department budgets the amount of FAP for a group, it first determines whether there is a senior², disabled person³ or a veteran member of that group. BEM 550. A non-categorically eligible

¹ The 60 or 90-day period used can begin up to 60 or 90 days before the interview date or the date the information was requested. BEM 505.

² A "senior" is a person at least 60 years old. BEM 550 p 1.

³ A "disabled" person who receives one of the following: (1) a federal, state or local public disability retirement pension and the disability is considered permanent under the Social Security Act; (2) medicaid program which requires a disability determination by

Senior/Disabled/Veteran (SDV) FAP group⁴ must have income below the net income limits. BEM 550. A non-categorically eligible, non-SDV FAP group must have income below the gross and net income limits. BEM 550.

The Department will use only available, countable income to determine eligibility. BEM 550. It will always calculate income on a calendar month basis to determine eligibility and benefit amounts and use income from a month specified in this item for the benefit month being considered. BEM 550.

The Department will budget the entire amount of earned and unearned countable income. BEM 550. Gross countable earned income is reduced by a 20% earned income deduction. BEM 550. Every case is allowed the standard deduction shown in RFT 255. BEM 550. The Department documents income budgeting on either a manually-calculated or an automated FAP worksheet. BEM 550.

Bridges uses certain expenses to determine net income for FAP eligibility and benefit levels. BEM 554. For groups with no senior/disabled/disabled veteran (SDV) member, Bridges uses the following: (1) dependent care expense; (2) excess shelter up to the maximum in RFT 255; (3) court ordered child support and arrearages paid to non-household members. For groups with one or more SDV member, Bridges uses the following; see BEM 550: (1) dependent care expense; (2) excess shelter; (3) court ordered child support and arrearages paid to non-household members; and (4) medical expenses for the SDV member(s) that exceed \$35. BEM 554.

The Department worker must verify the responsibility to pay and the amount of certain expenses. BEM 554. The Department worker must not budget expenses that require verification until the verification is provided. BEM 554. He or she must determine eligibility and the benefit level without an expense requiring verification if it cannot be verified. BEM 554. The Department will not include a medical expense that might be covered by a reimbursement if the amount of the reimbursement cannot be verified. BEM 554. The Department will treat subsequently provided verification from an eligible FAP group as a change. BEM 554. A supplement for lost benefits is issued only if the expense could not be verified within 30 days of the application and the local office was at fault. BEM 554.

The Department considers only the medical expenses of SDV persons in the eligible group or SDV persons disqualified for certain reasons. BEM 554. The Department will then estimate an SDV person's medical expenses for the benefit period. BEM 554. The estimate will be based on all of the following: (1) verified allowable medical expenses; (2) available information about the SDV member's medical condition and health

MRT or Social Security Administration; (3) Railroad Retirement **and** is eligible for Medicare or meets the Social Security disability criteria (4) a person who receives or has been certified and awaiting their initial payment for one of the following: (a) Social Security disability or blindness benefits; (b) Supplemental Security Income (SSI), based on disability or blindness, even if based on presumptive eligibility.

⁴ An SDV FAP group is one which has an SDV member. BEM 550 p 1.

insurance; and (3) changes that can reasonably be anticipated to occur during the benefit period. BEM 554.

Allowable medical expenses are limited to the following: medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional. BEM 554.

The Department will estimate an SDV person's medical expenses for the benefit period. BEM 554. The expense does not have to be paid to be allowed. BEM 554. The Department will allow medical expenses when verification of the portion paid, or to be paid by insurance, Medicare, Medicaid, etc. is provided. BEM 554. But the Department will allow only the non reimbursable portion of a medical expense. BEM 554. But the medical bill cannot be overdue. BEM 554. The medical bill is not overdue if one of the following conditions exists: (1) currently incurred (for example, in the same month, ongoing, etc.); (2) currently billed (client is receiving the bill for the first time for a medical expense provided earlier and the bill is not overdue); and (3) client made a payment arrangement before the medical bill became overdue. BEM 554.

Here, the parties do not dispute the amount of income, but Claimant contends that the Department improperly excluded certain medical expenses. The evidence showed that Claimant's husband had some medical bills had been already sent to a collection agency and Claimant made arrangements to pay \$ [REDACTED] per month. However, there is no evidence that Claimant properly and timely provided the Department with the medical bills that reflected the type of medical services provided. Per BEM 554, the Department properly excluded these expenses.

Here, Claimant was receiving a monthly gross earned income in the amount of \$ [REDACTED] at the time relevant to this matter. The Department reduced this amount by \$ [REDACTED] for an earned income deduction, minus \$ [REDACTED] for a standard deduction and \$ [REDACTED] for excess shelter deduction. A claimant with a group size of 3 has a maximum net income limit of \$ [REDACTED] RFT 250. Because Claimant's net income of \$ [REDACTED] exceeded the allowable 100% net income limit of \$ [REDACTED] Claimant is not eligible for FAP benefits for the time period in question.

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 the Department properly denied Claimant's FAP application due to excess income.

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.

Accordingly, the Department's FAP decision is **AFFIRMED**.

IT IS SO ORDERED.

/s/
C. Adam Purnell
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: April 1, 2013

Date Mailed: April 1, 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.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing 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.

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