

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

**IN THE MATTER OF:**

████████████████████  
██  
████████████████████

Reg. No.: 2013 54047  
Issue No.: 3002, 3003  
Case No.: ██████████  
Hearing Date: July 18, 2013  
County: Wayne (57)

**ADMINISTRATIVE LAW JUDGE:** Lynn M. Ferris

**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 July 18, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████ FIM, and ██████████ ██████████ Assistance Payments Worker.

**ISSUE**

Due to excess income, did the Department properly  deny the Claimant's application  close Claimant's case  determine the Claimant's benefit amount 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 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 type="checkbox"/> Medical Assistance (MA).                  | <input type="checkbox"/> Child Development and Care (CDC).  |

2. On June 4, 2013, the Department  denied Claimant's application  
 closed Claimant's case  determined Claimant's FAP allotment to be \$16 per month based upon RSDI income of \$1765. Exhibit 1 and 2.
  
3. On June 4, 2013, the Department sent  
 Claimant  Claimant's Authorized Representative (AR)  
notice of the  denial.  closure.  FAP benefit amount
  
4. On June 15, 2013, Claimant or Claimant's AHR filed a hearing request, protesting the  
 denial of the application.  closure of the case.  the amount of the FAP allotment.

### **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.

Additionally, a thorough review of the Claimant's FAP budget was conducted at the hearing and the unearned income amounts from RSDI income received by the Claimant was confirmed by the Claimant and determined to be the correct gross income amount as \$1765. BEM 505. pp 6-7. Exhibits 1 and 2. The Claimant questioned whether the Department had accounted for rent expense when calculating the Claimant's FAP benefits. The amount of Claimant's rent was also confirmed to be \$717 which was the amount used to calculate the Claimant's benefits, as well as including a \$575 utility allowance. BEM 554 pp.10. At the hearing the Claimant asserted that because of ongoing medical expenses the Department should have considered these expenses. It was determined that the reason the Department did not consider medical expenses was due to the fact that Claimant had not provided the Department with any medical expenses to consider. Based upon review of the FAP budget presented and confirmation of RSDI income amount as correct and the correct rent amount, it is determined that the Department did properly calculate the Claimant's FAP benefits. It is noted that because the Claimant is an RSDI recipient, he is eligible to present ongoing medical expenses for consideration by the Department to determine their eligibility to be included as medical expenses in the calculation of FAP benefits if the expenses qualify as ongoing medical expenses.

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  properly  improperly

- denied Claimant's application
- Calculated the Claimant's FAP benefits in the amount of \$16
- closed Claimant's case

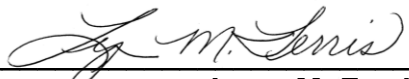
for:  AMP  FIP  FAP  MA  SDA  CDC.

### **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  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.

The Claimant's hearing requests regarding whether the Medical Assistance was active for Claimant and the denial of Claimant's SER application are DISMISSED.

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

Date Signed: July 24, 2013

Date Mailed: July 24, 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:

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- 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 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/cl

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