

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

IN THE MATTER OF:

[REDACTED]

[REDACTED]

Issue No: 3015

[REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, an in-person hearing was held on [REDACTED]. Claimant appeared and testified. Claimant's Attorney, [REDACTED], also appeared. The Department was represented by [REDACTED], appeared for the Department.

**ISSUE**

Did the Department properly implement the [REDACTED], decision and order?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. A hearing was held in this matter on [REDACTED].
2. Following hearing, a decision and order was issued on [REDACTED] ordering the Department to make a determination regarding Claimant's FAP eligibility based on the information available and provided to the Department, including regarding qualified medical expenses, at the end of the benefit period on [REDACTED].
3. The Department went about determining Claimant's FAP eligibility as instructed by the decision and order reviewing all medical expense records submitted prior to [REDACTED].
4. Claimant was allowed \$ [REDACTED] in total medical expenses, in the form of \$ [REDACTED] Premium, \$ [REDACTED] Premium, \$ [REDACTED]

██████████ Premium, \$██████████ Rx██████████ and \$██████████ Rx#██████████. These were the only medical expenses found allowable.

5. Based on the information that Claimant provided prior to the end of the benefit period on ██████████, the Department determined that Claimant had excess income for FAP program based on net income of \$██████████ for a household of 3.
6. Claimant submitted additional documentation regarding her medical expenses in ██████████ including a statement from her husband's physician confirming that certain medical expenses previously disallowed were necessary.
7. Claimant needed to provide adequate medical expense documentation prior to the benefit period closing on ██████████.
8. The Department properly and adequately determined Claimant's FAP ineligibility as instructed by the ██████████, Decision and Order.
9. Notice of case action was sent to Claimant on ██████████, regarding the closure of FAP benefits.
10. Claimant requested hearing on ██████████, contesting the closure of FAP 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, R 400.3001 through Rule 400.3015.

### **REDETERMINATION CYCLE**

#### **All Programs**

A complete redetermination is required at least every 12 months. Bridges sets the redetermination date according to benefit periods; see Eligibility Decisions in BAM 115. Redeterminations may be scheduled early or are scheduled less than 12 months apart when necessary for:

- Error-prone cases, in response to supervisory case readings, quality assurance data or quality enhancement data.
- **MA only**, newborn cases must be redetermined no later than the month of the child's first birthday; see BEM 145.
- **Transitional Medicaid (TMA)** redeterminations must be completed at least 40 days before the end of the 12-month eligibility period to accommodate TMA-Plus (TMAP); see BEM 647.
- **Food Assistance Program (FAP)** cases with unstable circumstances assigned a three-month benefit period.

**Exception #1:** Some MA groups do **not** require a redetermination; see [No MA Redetermination](#) in this item.

**Exception #2:** Some FAP groups are assigned a 24-month benefit period and **require only** a mid-certification contact in the 12th month; see [Mid-Certification Contact](#) in this item. For MA, a companion case for a spouse may also be given the extended benefit period once the midcertification notice has been received and reviewed.

### **FAP Only**

Benefits stop at the end of the benefit period **unless** a redetermination is completed **and** a new benefit period is certified. If the client does not complete the redetermination process, allow the benefit period to expire. The redetermination process begins when the client files a DHS-1171, Assistance Application, DHS-1010, Redetermination, DHS-1171, Filing Form, DHS-2063B, Food Assistance Benefits Redetermination Filing Record, or other redetermination document. BAM 210.

In the present case, the only issue addressed in this decision and order will be whether the Department complied with the decision and order dated [REDACTED]. The Department properly determined Claimant's ineligibility for FAP based on the information provide on or before [REDACTED], the end of Claimant's benefit period. Claimant had adjusted net income of \$ [REDACTED] well over the \$ [REDACTED] limit for a household of 3. Claimant raised issues at hearing with regard to whether the Department should have requested additional verifications regarding medical expense prior to determining eligibility and whether additional verifications submitted in August should have been considered. Those arguments were addressed at the previous hearing and in the previous decision and order and will not be addressed as part of this decision. Claimant should have appealed the [REDACTED], decision and order if she believed it was improper or incorrect.

Based upon the above Findings of Fact and Conclusions of Law the Administrative Law Judge concludes that the Department properly closed Claimant's FAP benefits due to excess income and properly implemented the [REDACTED], Decision and Order.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law finds that the Department properly closed FAP benefits due to excess income.

Accordingly, the Department's FAP decisions are **AFFIRMED**.



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**Aaron McClintic**  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: 02/04/2013

Date Mailed: 02/04/2013

**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.

**NOTICE:** Administrative Hearings 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. Administrative Hearings 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 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 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

AM/kl

cc:

