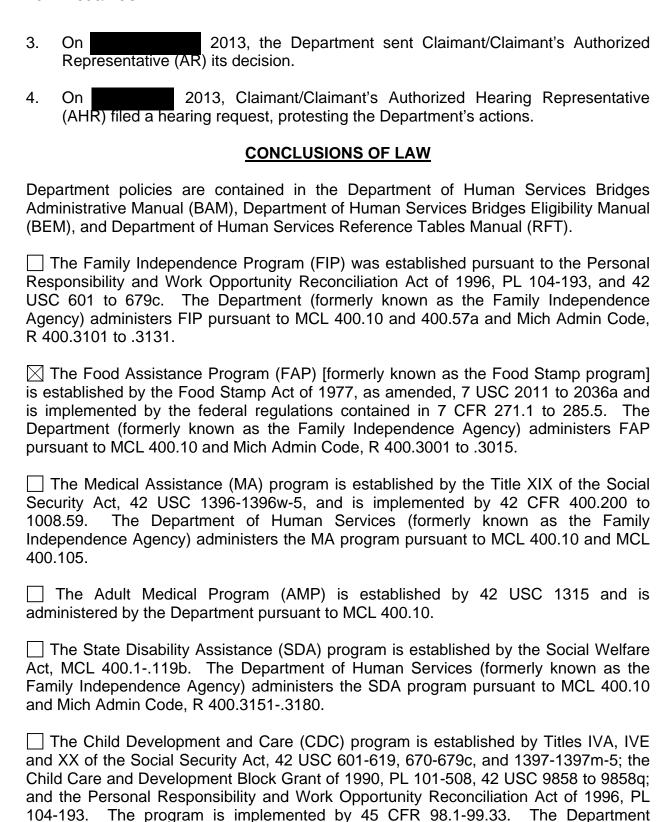
STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

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	Reg. No.: Issue No.: Case No.: Hearing Date: County:	20142895 3002; 3003 November 4, 2013 Oakland (03)			
ADMINISTRATIVE LAW JUDGE: Robert J. Chavez					
HEARING DECISION					
Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on November 4, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Participants on behalf of the Department of Human Services (Department) included					
<u>ISSUE</u>					
Due to excess income, did the Department properly ☐ deny the Claimant's application ☐ close Claimant's case ☒ reduce Claimant's benefits for:					
Family Independence Program (FIP)? Food Assistance Program (FAP)? Medical Assistance (MA)?	Adult Medical Assistance (AMP)? State Disability Assistance (SDA)? 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:					
 Claimant ☑ applied for ☐ received: ☐ FIP ☑ FAP ☐ MA ☐ AMP ☐ benefits.]SDA □CDC				
2. On 2013, the Department ☐ closed Claimant's case ☐ reduced Claiman		nt's application			



administers the program pursuant to MCL 400.10 and provides services to adults and

children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

Additionally, when determining eligibility for FAP benefits, the household's total income must be evaluated. All earned and unearned income of each household member must be included unless specifically excluded. BEM, Item 500.

In the current case, the Department failed to show that claimant's medical expenses were properly deducted. Claimant is classified as an S/D/V group. Per policy found in BEM 554, S/D/V groups may have any medical expenses over \$35 dollars deducted from their FAP budget. BEM 554, pg. 1. Claimant's medical expenses were \$244.70 for the month of July; the submitted FAP budget for July shows no deducted medical expenses.

For that reason, claimant's FAP budget appears to have been incorrectly calculated and must be redone..

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it did not act in accordance with Department policy when it failed to account for claimant's medical expenses. failed to satisfy its burden of showing that it acted in accordance with Department policy when it **DECISION AND ORDER** Accordingly, the Department's decision is AFFIRMED. imes REVERSED. AFFIRMED IN PART with respect to and REVERSED IN PART with respect THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS

1. Recalculate claimant's FAP budget, retroactive to the date of negative action.

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

Date Signed: 11/13/2013

DECISION AND ORDER:

Date Mailed: <u>11/13/2013</u>

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights
 of the client:
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

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

RJC/hw

cc: