

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

**IN THE MATTER OF:**

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

Reg. No.: 2014-7347  
Issue No(s): 3015  
Case No.: ██████████  
Hearing Date: November 19, 2013  
County: Wayne County

**ADMINISTRATIVE LAW JUDGE:** Michael S. Newell

**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 19, 2013, from Lansing, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included Tamara Northing, Eligibility Specialist.

**ISSUE**

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 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  received:  
 FIP  FAP  MA  AMP  SDA  CDC  
benefits.
2. On October 11, 2013, the Department  denied Claimant's application  closed Claimant's case  reduced Claimant's benefits due to excess income.

3. On October 11, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
4. On October 22, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.
5. Before October 11, 2013, Claimant received [REDACTED] per month in FAP benefits.
6. For all times relevant, three people made up Claimant's FAP group.
7. On October 22, 2013 the Department issued a Notice of Case Action (Notice) reducing Claimant's benefits from [REDACTED] monthly to [REDACTED] monthly, effective November 1, 2013.
8. The Department reduced Claimant's benefits because Claimant's monthly income after deductions increased from [REDACTED] to [REDACTED].
9. Claimant monthly earned income was [REDACTED] based on the following:
  - a. On August 30, 2013, Claimant earned [REDACTED] in gross pay for working from August 11, 2013 to August 24, 2013.
  - b. On September 13, 2013, Claimant earned [REDACTED] from working from August 25, 2013, to September 7, 2013.
10. The Department applied the following deductions:
  - a. Standard Deduction of \$151. (See Exhibit A).
  - b. Housing costs of \$155 per month
  - c. Heat/utility deduction, standard of \$553.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

The Adult Medical Program (AMP) is established by 42 USC 1315 and is administered by the Department pursuant to MCL 400.10.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858g; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department 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.

The Department properly determined that Claimant earned a gross average of \$1,474 monthly by taking the average of the two bi-weekly pay checks and multiplying that amount by 2.15. RFT 505.

The Department also properly determined Claimant's monthly income after deductions to be ██████. Claimant's Standard Deduction of \$151, housing cost deduction of \$155 per month, and heat/utility deduction, standard of \$553 were appropriate. Although Claimant testified that a different amount was deducted from her pay check, BAM 500 requires that gross income be considered, subject to appropriate deductions. Further, RFT 255 allows for a Standard Deduction of \$151 for a FAP group of one to three persons. The housing costs of \$155 reflected Claimant's verified cost at the time the Department issued the decision at issue. Although Claimant stated that her utilities differed from \$553, BEM 554 requires a standard heat/utility deduction of \$553 in this case.

RFT 260 provides that a FAP group of three, with a monthly income after deductions of ██████, would be entitled to ██████ per month in FAP benefits if otherwise eligible. The Department did not err in determining Claimant's monthly FAP benefits.

Claimant testified that she received information near the end of October indicating that her rent would increase, which she first provided to the Department just before the start of this hearing. Since this change occurred after October 11, 2013, I do not have any authority to address it. The issue in this case is whether the Department acted appropriately when it issued the October 11, 2013 decision. The Department appropriately issued its decision based on available information.

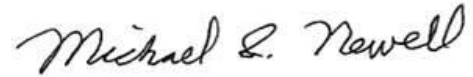
The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department

acted in accordance with Department policy when it reduced Claimant's benefits from [REDACTED] monthly to [REDACTED] monthly, effective November 1, 2013.

**DECISION AND ORDER**

Accordingly, the Department's decision is

**AFFIRMED.**



**Michael S. Newell**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 11/25/2013

Date Mailed: 11/26/2013

**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

2014-7347/MSN

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

MSN/pw

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]