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

IN THE MATTER OF:



Reg. No.: Issue No(s).: Case No.: Hearing Date: County: 2014-12514 3001, 6001

December 17, 2013 Ingham County DHS

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant's r equest 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 CF R 431.200 to 431.250; 45 CFR 99. 1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing wa s held on December 17, 2013, from Lansing, Michigan. Participants on behalf of Claimant in cluded , the Claimant. Participants on behalf of the Department of Human Serv ices (Department) included Ass istance Pa yments Supervisor, and Assistance Payments Worker.

ISSUES

- 1) Did the Department proper ly close the Claimant's Food Assist ance Program (FAP) and Child Development and Care (CDC) cases due to excess income?
- 2) Did the Department properly deny the CI aimant's FAP and CDC application due to excess income?

FINDINGS OF FACT

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

- 1. The Claimant was a recipient of FAP and CDC benefits
- 2. On October 1, 2013, the Claimant re turned a Redetermination for her Medicaid ¹ case and reported she is now employed.
- 3. Based on the new income information, the Department re-determined eligibility for FAP and CDC.

¹ On the Redetermination the Claimant also indicated she no longer needed Medicaid because of her new employment. The closure of the Claimant's Medicaid case, based on the Claimant's request, was not contested.

- 4. In October 2013, the Depar tment issued notice to the Claimant that her FAP and CDC cases would close because she is over the income limit for both programs.
- 5. On October 25, 2013, the Claimant submitted an application for FAP and CD C even though her situation had not changed.
- 6. On October 30, 2013, the Department issued a Notice of Case Action to the Claimant that the FAP and CD C application was denied bec ause she is o ver the income limit for both programs.
- 7. On November 18, 2013, the Claimant filed a reques t for hearing contesting the Department's actions regarding the FAP and CDC benefits.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Service s Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), D epartment of Human Servic es Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

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

The Medic al Assistance (MA) program is est ablished by the Title XIX of the Socia I 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 Child Development and Car e (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 t o 9858q; and the Personal Respons ibility and Work Opportunity Reconcilia tion 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 t o adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

Additionally, a Claimant must cooperate wit h the local office in determining initia I and ongoing eligibility, including c ompletion of necessary forms, and must completely an d truthfully answer all questions on forms and in interviews. BAM 105.

For CDC, if the program group does not qualify for one of t he categorically eligible groups, the Department must determine eligibil ity for the income-eligible group. The program group's countable income is tested against t he Child Development and Care

Income Eligibility Scale found in RFT 270. BEM 703. For a group of two, there is no DHS assistance if gross monthly income is over **\$ RFT 270**.

For FAP, a non-categorically eligible non- Senior/Disabled/Veteran (non-SDV) FAP group must have income below the gross and net income limits. BEM 550. The FAP gross income limit for a group size of two is **Sector** RFT 250. Stable and fluctuating income that is received more often than monthly is converted to a standard monthly amount. Income that is received every two weeks is multiplied by 2.15. BEM 505.

In the Redetermination, the Claimant report ed that she is now employed, is paid a salary, and gets paid bi-week ly. One payche ck stub was submitted for verification of the income from her new employment. The paycheck stub showed gross wages of Accordingly the Department calculated the Claimant's gross monthly income as \$ The Claimant is over the gross income limit for both the CDC and FAP programs.

The Claim ant testified that s he is the sole provider and her net income is **\$** than her gross income. With child c are, rent, and living expenses it is not possible for the Claimant to make all of her payments. The Claim ant provided documentation of the many expenses she has. The Claimant also noted that the child support she receives is inconsistent and sporadic. The Claimant stated that it is not reliable income to include in the budget.

The Assistance Payments Super visor and the print outs of the CDC and F AP income eligibility determinations show that no child suppor t was considered for thes e determinations. The Claimant's was over the gross income limits based solely on he r earned income from employment. While it is understandable t hat the Claimant's net income is considerably less than her gross income e and that there are numerous significant monthly expenses, the Department policy is clear. There are gross income limits for both the FAP and CDC benefit programs. Further, this ALJ has no authority to make decisions on constitutional grounds , overrule statues, overrule promulgated regulations, or overrul e or make exceptions to Department policy. State of Michigan Department of Human Services Delegation of Hearing Authority (7/10/2013)

The Administrative Law Judge, based on 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 closed the Claimant's CDC and FAP cas es and when it denied the Claimant's FAP and CDC application based on excess income.

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DECISION AND ORDER

Accordingly, the Department's decisions are AFFIRMED.

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

Date Signed: December 20, 2013

Date Mailed: December 26, 2013

NOTICE OF APPEAL: The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Deci sion and Order or, if a ti mely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Rec onsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehe aring or reconsideration on either its own motion or at the req uest of a p arty within 30 days of the mailing date of this De cision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final deci sion 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 existe d 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 a ddress in the hearing d ecision 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

CL/hj

