

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013-17902
Issue No.: 3003
Case No.: [REDACTED]
Hearing Date: January 23, 2013
County: Monroe County DHS

ADMINISTRATIVE LAW JUDGE: Corey A. Arendt

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 January 23, 2013 from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] Participants on behalf of Department of Human Services (Department) included [REDACTED]

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 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 January 1, 2012, the Department denied Claimant's application closed Claimant's case reduced Claimant's benefits due to excess income.

3. On December 8, 2012, the Department sent
 Claimant Claimant's Authorized Representative (AR)
notice of the denial. closure. reduction.
4. On December 14, 2012, Claimant or Claimant's A HR filed a hearing r equest,
protesting the denial of the application. closure of the case.
 reduction of benefits.

CONCLUSIONS OF LAW

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

The FAP [formerly known as the Food Stamp (F S) program] is established by the Food
Stamp Act of 1977, as amended, and is impl emented by the federal regulations
contained in T itle 7 of t he Code of Federal Regulations (CF R). The Department
(formerly known as the Fa mily Independence Agenc y) admin isters FAP pursuant to
MCL 400.10, *et seq.*, and 1999 AC, R 400.3001 through Rule 400.3015.

For FAP purposes, all earned and unearned income available to Claimant is countable.
Earned income means income received from another person or orga nization or from
self-employment for duties that were perfo rmed for compensation or profit. Unearned
income means all income that is not earned, including but not lim ited to funds received
from the Family Inde pendence Program (FIP), State Disab ility Assistance (SDA), Child
Development and Ca re (CDC), Medicaid (MA), Social Security Benefits (RSDI/SSI),
Veterans Administration (VA), Unemploy ment Compensation Benef its (UCB), Adu lt
Medical Program (AMP), alimony, and child support payments. The amount counted
may be more than the client actually receives because the gross amount is used prior to
any deductions. BEM 500.

The Depar tment determines a Client's eligib ility for program benefits based on the
Client's actual income and/or prospective in come. Actual income is income that was
already received. Prospective income is income not yet received but expected.
Prospective budgeting is the best estimate of the Client's future i ncome. All income is
converted to a standard monthly amount. If t he Client is paid we ekly, the Department
multiplies the average weekly amount by 4.3. If the Clie nt is paid every other week, the
Department multiplies the average bi-weekly amount by 2.15. BEM 505.

After an extensiv e review of the Claimant's budget I have determined all c alculations
were properly made at review, and all F AP issuance/budgeting rules were properly
applied. As such, the Department's reducti on of the Claimant's F AP benefits must be
upheld.

Based upon the abov e Findings of Fact and Conclus ions of Law, and for the reasons
stated on the record, I find, the Department properly reduced Claimant's FAP benefits.

DECISION AND ORDER

I find, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, find the Department did act properly

Accordingly, the Department's FAP decision is **AFFIRMED** for the reasons stated on the record.

/s/
Corey A. Arendt
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: January 24, 2013

Date Mailed: January 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:

- 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

CAA/las

cc:

