

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

IN THE MATTER OF:

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

Reg. No.: 2013-55806
Issue No.: 3003
Case No.: ██████████
Hearing Date: July 29, 2013
County: Oakland (02)

ADMINISTRATIVE LAW JUDGE: Jan Leventer

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 July 29, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and her husband, ██████████. Participants on behalf of the Department of Human Services (Department) included ██████████, Assistance Payments Supervisor.

ISSUE

Due to increased countable 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 April 1, 2013, the Department denied Claimant's application closed Claimant's case reduced Claimant's benefits due to an increase in net countable income.
3. On March 28, 2013, the Department sent Claimant Claimant's Authorized Representative (AR) notice of the denial. closure. reduction.
4. On June 24, 2013, Claimant or Claimant's AHR filed a hearing request, protesting the denial of the application. closure of the case. reduction of 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, Rule 400.3001 through Rule 400.3015.

Additionally, Food Assistance Program (FAP) benefit levels are based on income and expenses. In this case the Claimant challenges the Department's failure to include a \$160 medical expense deduction in the calculation of her benefit level. The Department's decision to exclude this expense caused Claimant's net countable income to increase, leading to a decrease in FAP benefits. Bridges Eligibility Manual (BEM) 554 (2012); Dept. Exh. 1, pp. 3, 15.

Claimant's husband testified that Claimant incurred the expense in October, 2012. She did not submit a receipt for reimbursement at the time she incurred the expense. She did not bring a receipt to the hearing.

In February, 2013, the Department issued a Redetermination application form to Claimant. The Redetermination form updates the customer's FAP budget for the upcoming certification period. In response Claimant submitted receipts and an Rx Outreach pricelist. Dept. Exh. 1, p. 11.

Bridges Eligibility Manual (BEM) 554, "FAP Allowable Expenses and Expense Budgeting," states that the following are acceptable verifications, and indicates further that this list is not inclusive: current bills, insurance statements, Department Medical Needs forms, Single On-Line Query (SOLQ) records for Medicare premiums, written statements from licensed health care professionals, and collateral contact with the

provider. Department of Human Services Bridges Eligibility Manual (BEM) 554 (2012), p. 9.

Having examined the pricelist, and all of the evidence in this case in its entirety, it is found and determined that the pricelist is insufficient verification of a medical expense. The price list is not a bill or receipt, an insurance statement a Department form, an SOLQ, a written statement from a licensed health care professional, or a collateral contact. It does not indicate the amount billed by Rx Outreach or the amount paid by the Claimant. It contains no billing or payment information.

Accordingly, it is found and determined that the Department acted correctly in excluding the Rx Outreach document as verification of a medical expense. The Department is affirmed.

Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that, due to excess income, the Department properly improperly

- denied Claimant's application
- reduced Claimant's benefits
- closed Claimant's case

for: AMP FIP FAP MA SDA CDC.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department did act properly did not act properly.

Accordingly, the Department's AMP FIP FAP MA SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record.



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

Date Signed: July 30, 2013

Date Mailed: July 30, 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 affect the substantial rights of the claimant,
 - 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

JL/tm

cc:

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