

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

**IN THE MATTER OF:**

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

Reg. No.: 2014-21383  
Issue No(s): 3008  
Case No.: ██████████  
Hearing Date: February 10, 2014  
County: Wayne (82-76)

**ADMINISTRATIVE LAW JUDGE:** Jonathan W. Owens

**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, an in-person hearing was held on February 10, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████  
██████████

**ISSUE**

Did the Department properly determine Claimant's Food Assistance Program (FAP) benefits?

**FINDINGS OF FACT**

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

1. On December 20, 2013, the Department issued a notice of case action indicating Claimant's FAP benefits would be reduced.
2. On December 30, 2013, Claimant filed a hearing request stating:

"On November 5, 2013 I received an 'intended action' showing current benefits, food stamp, cash and Medicaid. I received an 'intended action' statement dated December 20, 2013 that did not show Medicaid and food stamps were included in my benefits. Would like an 'in person hearing.'

Budget has changed in document dated December 20, 2013, and is wrong.”

### **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), Department of Human Services 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] 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.

In the instant case, Claimant requested a hearing regarding the change in FAP benefits and perceived change in MA benefits. First, Claimant’s MA benefits remained unchanged. The fact that the MA benefits were not listed on a subsequent case action does not mean the benefits had been changed or ended.

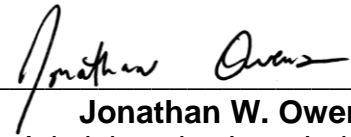
At hearing, Claimant disputed the Department’s management of her FAP benefits. Claimant testified the Department had not properly figured her FAP. At hearing, the Department presented Claimant’s FAP budget. The Department included \$162 in self-employment income in her FAP budget. Claimant testified she was not working or receiving earnings of any type. The Department also indicated that Claimant had unearned income in the amount of \$328. This was explained by the Department to include both the \$170 pension Claimant receives and the cash benefit of \$158 she receives from the Department. The budget as indicated resulted in Claimant receiving \$347 in FAP benefits for a group size of two.

According to RFT 260, p. 1 (December 2013), the maximum amount of benefit granted to a group size of two is \$347.

After reviewing the evidence submitted, this Administrative Law Judge finds the budget presented did include earnings in error in the amount of \$162. This error, however, would be considered harmless as Claimant still receives the maximum benefit amount of \$347. The Department will need to remove these earnings from the budgets; however, this will not result in any change in benefit amount for Claimant.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.



**Jonathan W. Owens**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: February 12, 2014

Date Mailed: February 12, 2014

**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

JWO/pf

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]