

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-24043  
Issue No.: 2001; 3001  
Case No.: [REDACTED]  
Hearing Date: February 25, 2014  
County: SSPC- West

**ADMINISTRATIVE LAW JUDGE:** Carmen G. Fahie

**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, telephone hearing was held on Tuesday, February 25, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant and his [REDACTED], [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], ES.

**ISSUE**

Due to excess income, did the Department properly  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 checked="" 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 :  FAP and  MA benefits.
2. On January 21, 2014, the Department  reduced Claimant's benefits due to excess income.
3. On January 21, 2014, the Department sent Claimant its decision.

4. On January 24, 2014, Claimant filed a hearing request, protesting the Department's actions.

### **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 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.

Additionally, the Claimant applied for MA and FAP benefits on December 23, 2013. The Claimant had earned income of \$ [REDACTED] Department Exhibit's U-V.

As a result of excess income, the Claimant had a decrease in FAP benefits. After deductions from his gross income of \$ [REDACTED] of \$ [REDACTED] earned income deduction and a \$ [REDACTED] standard deduction for an adjusted gross income of \$ [REDACTED]. The Claimant was given a total shelter deduction of \$ [REDACTED] resulting from a housing expense of \$ [REDACTED] and heat and utility standard of \$ [REDACTED]. The Claimant was given an adjusted excess shelter deduction of \$ [REDACTED] with a total shelter deduction of \$ [REDACTED] minus 50% of adjusted gross income of \$ [REDACTED] which was lowered to \$ [REDACTED] because no one in the Claimant's household is senior, disabled, or a veteran. The Claimant had a net income of \$ [REDACTED] which was the adjusted gross income of \$ [REDACTED] minus the excess shelter deduction of \$ [REDACTED]. With a net income of \$ [REDACTED] the Claimant qualified with a household group size of 8 for a maximum benefit of \$ [REDACTED] plus \$ [REDACTED] in economic recovery minus 30% of net income of \$ [REDACTED] resulting in a net benefit amount of \$ [REDACTED] Department Exhibit's O-Q. The Claimant's daughter [REDACTED] does not qualify for FAP because she is a [REDACTED] who is not employed the required 20 hours per week.

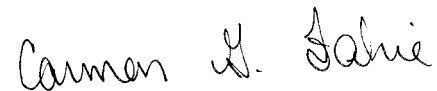
In addition, the Claimant applied for MA. Based on the Claimant's income of \$ [REDACTED] the Claimant qualified for LIF MA. The Claimant's countable income was \$ [REDACTED] minus \$ [REDACTED] standard work expense deduction and a \$ [REDACTED] earned income disregard. The Claimant passed the LIF income test with a countable income of \$ [REDACTED] for a household group composition of 8 with a need amount of \$ [REDACTED] Department Exhibit r.

The Department has met its burden. The Claimant had excess income for FAP resulting in benefits of \$ [REDACTED] and qualified for LIF MA with no deductible. BEM 110, 211, 212, 245, 400, and 501. BAM 105,110, and 115.

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 determined that the Claimant was only eligible for \$ [REDACTED] FAP benefits and MA with no deductible.

**DECISION AND ORDER**

Accordingly, the Department's decision is  **AFFIRMED**.



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Carmen G. Fahie  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 3/7/14

Date Mailed: 3/7/14

**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

CGF/tb

cc:

