

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

IN THE MATTER OF:

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

Reg. No.: 2014 29153
Issue No(s): 3003
Case No.: ██████████
Hearing Date: April 7, 2014
County: Wayne (82)

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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, a telephone hearing was held on April 7, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and ██████████ Claimant's Authorized Hearing Representative. Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist and ██████████, Family Independence Manager.

ISSUE

Did the Department properly calculate Claimant's Food Assistance Program (FAP) benefits for March 1, 2014, ongoing?

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 is an ongoing FAP recipient.
2. On January 27, 2014, the Department received Claimant's Mid-Certification Contact Notice which indicated that she had no medical expense.
3. The Department recalculated Claimant's FAP beginning March 1, 2014 which resulted in a decreased benefit amount ██████████00 per month.

4. On February 6, 2014, the Department notified Claimant that her FAP benefits would decrease from [REDACTED] per month because her medical expense decreased.
5. On February 21, 2014, Claimant filed a request for hearing, disputing the Department's action.

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.

In this case, Claimant completed her Mid-Certification Contact Notice in January 2014. She reported that she had no medical expenses. Claimant had previously been receiving a medical deduction based upon a [REDACTED] medical housekeeping expense. Claimant acknowledged at the hearing that she no longer pays the medical housekeeping expense.

The Department presented a FAP net income budget showing the calculation of benefits which did not include any deduction for medical expenses. Claimant has a group size of one. The budget showed that Claimant had gross monthly unearned income of [REDACTED]. Claimant indicated that she was a senior and was blind. Based on Claimant's circumstances, Claimant was eligible for the following deductions from her gross income under Department policy:

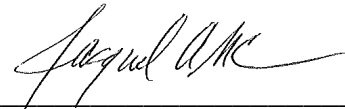
- a standard deduction of \$151 based on her one-person group size RFT 255 (December 2013), p. 1; BEM 556, (July 2013) p. 3; and
- an excess shelter deduction of \$280.00 which is based on monthly shelter expenses of [REDACTED] and the [REDACTED] heat and utility standard deduction. RFT, p. 1.

Claimant indicated that she currently has a recurring medical expense of approximately [REDACTED] one to two times per month. Claimant had not previously provided proof of these medical expenses to the Department but indicated that she would from this point forward. Based on the information available to the Department at the time the budget was prepared, the Department properly calculated Claimant's net income of [REDACTED]. Based on net income of [REDACTED] and a FAP group size of one, the Department acted in

accordance with Department policy when it concluded that Claimant was eligible for monthly FAP benefits in the amount of \$91.00 per month. BEM 556; RFT 260 (December 2013), p. 14.

DECISION AND ORDER

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



JACQUELYN A. MCCLINTON
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 16, 2014

Date Mailed: April 17, 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

JAM/tm

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