

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

**IN THE MATTER OF:**



Reg. No.: 14-000539  
Issue No.: [REDACTED]  
Case No.: [REDACTED]  
Hearing Date: May 1, 2014  
County: Oakland-Dist 4

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

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 Thursday, May 1, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] ES.

**ISSUE**

Due to excess income and failure to provide verification, did the Department properly  deny the Claimant's application for:  Food Assistance Program (FAP)?  Medical Assistance (MA)?

**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. Claimant was required to submit requested verification by February 18, 2014.
3. On March 18, 2014, the Department  denied Claimant's application due to excess income.
4. On March 18, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
5. On March 27, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) 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 FAP and MA benefits on February 6, 2014. Department Exhibit 1-16. The Claimant's [REDACTED] had earned income from [REDACTED] Department Exhibit 28-32. As a result, the Claimant's household had \$ [REDACTED] in earned income.

As a result of excess income, the Claimant was denied FAP benefits. After deductions from her gross income of \$ [REDACTED] of a \$ [REDACTED] earned income deduction and \$ [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]. 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 exceeded the net income limit of \$ [REDACTED]. As a result, the Claimant was excess income for FAP. Department Exhibit 20-22.

On February 6, 2014, the Department Caseworker sent the Claimant a [REDACTED] [REDACTED] for written verification of that was due February 18, 2014. Department Exhibit 17-18. The Claimant failed to provide the required verification of the questionnaire that due on February 18, 2014. As a result, the Department Caseworker sent the Claimant a notice that MA was denied due to failure to provide verification. BEM 400. BAM 105, 115, 130, 200, 210, 220, and 600.

The Department met their burden that the Claimant's FAP and MA cases should be closed because the Claimant failed to provide the required verification to determine continued MA and FAP eligibility

The Department has met its burden that the Claimant had excess income for FAP resulting in a decrease in FAP benefits from \$ [REDACTED] to \$ [REDACTED] BEM 550, 554, and 556. 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 denied the Claimant's FAP application due to excess income and the Claimant's MA due to failure to provide verification.

**DECISION AND ORDER**

Accordingly, the Department's decision is  AFFIRMED.

*Carmen H. Fahie*

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

Date Signed: 5/9/14

Date Mailed: 5/9/14

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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:

