

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

**IN THE MATTER OF:**

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

Reg. No.: 14-003777  
Issue No.: 3001  
Case No.: ██████████  
Hearing Date: July 2, 2014  
County: WAYNE (76)

**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 July 2, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and ██████████, her husband. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Eligibility Specialist, and ██████████ ██████████, Assistance Payment Supervisor.

**ISSUE**

Did the Department properly reduce Claimant's Food Assistance Program (FAP) benefits once the group was no longer eligible to receive a medical deduction?

**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 recipient of FAP benefits.
2. The Department learned that Claimant's group was no longer eligible to receive a medical deduction in the amount of \$2,128.00.
3. On May 1, 2014, the Department sent Claimant a Notice of Case Action notifying her that her FAP benefits would be decreased to \$200.00 per month.
4. On May 29, 2014, Claimant's husband, a group member, filed a Request for Hearing disputing 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), 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 273. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001 to .3015.

Additionally, Claimant's husband requested a hearing because he believed that the group's FAP benefits were not sufficient to meet the family's financial obligations. Prior to June 1, 2014, Claimant's group was receiving a medical deduction in the amount of \$2,128.00. As a result of the medical deduction, Claimant received \$497.00 in FAP benefits. The Department learned that the medical expense causing the deduction no longer applied. Accordingly, the Department recalculated the FAP benefits and determined that the group was eligible to receive \$200.00 monthly.

The Department presented two FAP net income budgets, one showing the calculation of benefits incorporating the deduction for medical expenses and the other after the medical deduction had been removed. Claimant has a group size of three. The budget included Claimant's unearned income in the amount of \$461.00 and her husband's unearned income in the amount of \$1,018.00 for a total amount of \$1,457.00. Based on the group's circumstances, Claimant was eligible to receive the following deductions under Department policy:

- a standard deduction of \$151 based a three-person group size (RFT 255 (December 2013), p. 1; BEM 556, (July 2013) p. 3;
- an excess shelter deduction of \$319.00 which is based on monthly shelter expenses of \$418.88 and the \$553.00 heat and utility standard deduction.

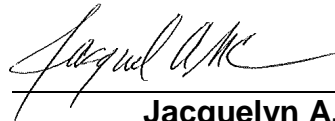
Claimant confirmed that the group did not have any child support or day care expenses. At the hearing, the Department stated that the monthly benefit amount was based on 30% of the net income. The monthly benefit amount is determined by the monthly net income which in this case is \$987.00. Accordingly, based on the net income of \$987.00 and a FAP group size of three, Claimant's group was eligible to receive FAP benefits in the amount of \$200.00 per month. BEM 556; RFT 260 (December 2013), p. 14.

The Administrative Law Judge, based on 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 reduced Claimant's FAP benefits from \$497.00 to \$200.00 per month.

**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: **7/11/2014**

Date Mailed: **7/11/2014**

JAM/cl

**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

CC: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]