

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-004339  
Issue No.: 2001, 3001  
Case No.: [REDACTED]  
Hearing Date: July 10, 2014  
County: Ingham

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**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 10, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and [REDACTED]. [REDACTED] acted as translator. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

**ISSUE**

Did the Department properly determine the Claimant's eligibility for Food Assistance Program (FAP) and Medical Assistance (MA) 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. The Claimant is an ongoing Food Assistance Program (FAP) and Medical Assistance (MA) recipient.
2. On May 1, 2014, the Department sent the Claimant a Semi-Annual Contact Report (DHS-1046) requesting that the Claimant update his information by June 1, 2014.
3. On May 13, 2014, the Department received the Claimant's completed Semi-Annual Contact Report (DHS-1046).
4. The Claimant receives monthly earned income from employment in the gross monthly amount of \$ [REDACTED] and another group member receives monthly earned income from employment in the gross monthly amount of \$ [REDACTED].
5. On May 13, 2014, the Department notified the Claimant that his Food Assistance Program (FAP) would be reduced to \$ [REDACTED] as of June 1, 2014.

6. On May 27, 2014, the Department received the Claimant's request for a hearing, protesting his Food Assistance Program (FAP) and Medical Assistance (MA) benefits.

### **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.

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

All earned and unearned income available to the Claimant is countable. Earned income means income received from another person or organization or from self-employment for duties for duties that were performed for compensation or profit. Unearned income means all income that is not earned, including but not limited to funds received from the Family Independence Program (FIP), State Disability Assistance (SDA), Child Development and Care (CDC), Medicaid (MA), Social Security Benefits (RSDI/SSI), Veterans Administration (VA), Unemployment Compensation Benefits (UCB), Adult Medical Program (AMA), alimony, and child support payments. The amount counted may be more than the client actually receives because the gross amount is used prior to any deductions. Department of Human Services Bridges Eligibility Manual (BEM) 500 (July 1, 2013).

The Claimant was an ongoing Food Assistance Program (FAP) and Medical Assistance (MA) recipient when the Department requested that he update his information on file by June 1, 2014. The Department received the Claimant's updated information on May 13, 2014, and re-determined his eligibility to receive benefits based on this information.

The Claimant's Food Assistance Program (FAP) benefit group received monthly earned income from employment in the gross monthly amount of \$ [REDACTED] which was determined by adding the \$ [REDACTED] gross monthly earnings of the Claimant, and the \$ [REDACTED] gross monthly earnings of another group member. The Claimant's adjusted gross income of \$ [REDACTED] was determined by reducing total income by the 20% earned income credit and the standard \$ [REDACTED] deduction. The Claimant's excess shelter deduction of \$ [REDACTED] was

determined by adding his monthly shelter expense of \$ [REDACTED] to the standard heat and utility deduction of \$ [REDACTED] and subtracting 50% of his adjusted gross income.

The Claimant's net income of \$ [REDACTED] was determined by subtracting the excess shelter deduction from his adjusted gross income. A group of four with a net income of \$ [REDACTED] is entitled to a monthly Food Assistance Program (FAP) allotment of \$ [REDACTED] Department of Human Services Reference Table Manual (BEM) 260 (December 1, 2013), p 17.

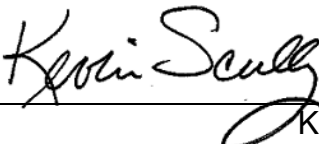
The Department's representative testified that the Claimant's income had been determined incorrectly in previous months, but the Department has established that it properly determined his current income based on verification documents provided by the Claimant. The Claimant has failed to establish that he is eligible for more Food Assistance Program (FAP) benefits than he is currently receiving from the Department.

The Claimant is approved for Medical Assistance (MA) benefits under the Healthy Michigan Plan (HMP). The Claimant has an adult child living in his household that was denied Medical Assistance (MA) benefits under the Claimant's case number. The Department required the adult child to request Medical Assistance (MA) under a separate benefit group. Department of Human Services Bridges Eligibility Manual (BEM) 211 (January 1, 2014), pp 1-5.

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 determined the Claimant's Food Assistance Program (FAP) and Medical Assistance (MA) benefits.

### **DECISION AND ORDER**

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

  
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Kevin Scully  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **7/16/2014**

Date Mailed: **7/16/2014**

KS/las

**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:

