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

IN THE MATTER OF:		
	Reg. No.: Issue No.: Case No.: Hearing Date: County:	14-006208 3001 August 6, 2014 MONTMORENCY
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 Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included E.S.		
<u>ISSUE</u>		
Due to excess income, did the Department properly \boxtimes reduce Claimant's benefits for:		
☐ Family Independence Program (FIP)? ☐ State Disability Assistance (SDA)? ☐ Child Development and Care (CDC)? ☐ 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:		
Claimant ⊠ received: ⊠ FAP benefits.		

On June 16, 2014, the Department 🛛 reduced Claimant's benefits due to excess

On June 16, 2014, the Department sent Claimant/Claimant's Authorized

2.

3.

income.

Representative (AR) its decision.

4. On June 30, 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 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, the Claimant applied for FAP benefits. The Claimant receided \$ in unearned income.

As a result of excess income, the Claimant had a decrease in FAP benefits. After deductions from her gross income of \$ standard deduction for an adjusted gross income of \$ the Claimant was given a total shelter deduction of \$ the Claimant was given an adjusted excess shelter deduction of \$ the Claimant was given an adjusted excess shelter deduction of \$ the Claimant had a net income of \$ the Claimant was the adjusted gross income of \$ the Claimant had a net income of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit of \$ the Claimant qualified with a household group size of 1 for a maximum benefit

Previously, the Claimant had qualified for the heat and utility standard of seven though she did not pay any utilities. However, a recent change in policy resulted in the lost of the deduction of since the Claimant was not paying a limit of the Department has met its burden that the Claimant had excess income for FAP resulting in a decrease in FAP benefits from to \$15. BEM 500, 503, and 550.

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 due to the loss of the heat and utility deducation of that resulted in a decrease in FAP benefits from

DECISION AND ORDER

Accordingly, the Department's decision is \boxtimes AFFIRMED.

Carmen G. Fahie

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

Cormon II. Salvie

Date Signed: 8/14/2014

Date Mailed: 8/14/2014

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

