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

| IN T  | HE MATTER OF:   |   |  |  |
|---|---|---|--|--|
|   |   | Reg. No.:<br>Issue No.:<br>Case No.:<br>Hearing Date:<br>County:      | 14-008270<br>3008<br>October 22, 2014<br>Wayne (17-Greenfield/Joy) |  |
| ADN   | INISTRATIVE LAW JUDGE: Michael J. Ben   | nane  |  |  |
|   | HEARING DECIS   | SION  |  |  |
| Adm<br>42 (<br>notice<br>Part   | owing Claimant's request for a hearing, thininistrative Law Judge pursuant to MCL 400.9 CFR 431.200 to 431.250; 45 CFR 99.1 to 99 ce, a telephone hearing was held on Octobicipants on behalf of Claimant included Comparts on Services (Department) included | and 400.37; 7 CF<br>0.33; and 45 CFR<br>er 22, 2014, fror<br>Claimant | R 273.15 to 273.18;<br>R 205.10. After due                         |  |
|   | ISSUE   |   |  |  |
|   | Claimant receive an overissuance of progreled to recoup?  | am benefits that  | the Department is  |  |
|   | FINDINGS OF F   | <u>ACT</u>  |  |  |
| The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact: |   |   |  |  |
| 1.  | Claimant received benefits for:   |   |  |  |
|   | ☐ Family Independence Program (FIP). ☐ ☐ Food Assistance Program (FAP). ☐   | State Disability A<br>Child Developme                                 | ssistance (SDA).<br>ent and Care (CDC).                            |  |
| 2.  | The Department determined that Claimant received a ☐ FIP ☒ FAP ☐ SDA ☐ CDC overissuance in the amount of \$970.00 during the period of October 1, 2013, through April 30, 2014.   |   |  |  |
| 3.  | The overissuance was due to   | tment error.  | client error.  |  |

- 4. On June 27, 2014, the Department sent notice of the overissuance and a repayment agreement to Claimant/Claimant's Authorized Representative (AR).
- 5. On July 5, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's recoupment 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), 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.

At the hearing, the Department testified that, in September 2013, the Department made corrections to Claimant's shelter and medical expenses which reduced her FAP benefits from \$160.00 per month to \$16.00 per month. Claimant requested a hearing on this reduction and then withdrew the hearing request.

Claimant's FAP benefits were restored to \$160.00 per month due to Claimant's timely hearing request. When Claimant withdrew her hearing request, the Department failed to return Claimant's FAP benefits to \$16.00 a month and continued to provide the previous benefit of \$160.00 per month.

amount of \$970.00 that the Department is entitled to recoup.

did not receive the overissuance for which the Department presently seeks recoupment.

## **DECISION AND ORDER**

Accordingly, the Department's action seeking recoupment is:

| igttimes AFFIRMED.               |                                      |
|----------------------------------|--------------------------------------|
| REVERSED.                        |                                      |
| AFFIRMED IN PART with respect to | and REVERSED IN PART with respect to |

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

Date Signed: 10/29/2014

Date Mailed: 10/29/2014

MJB / pf

**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

