

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

**IN THE MATTER OF:**



Reg. No.: 14-015485  
Issue No.: 3008; 4001; 5001  
Case No.:   
Hearing Date: December 04, 2014  
County: WAYNE-DISTRICT 55

**ADMINISTRATIVE LAW JUDGE: Susan C. Burke**

**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 December 5, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included , Eligibility Specialist.

**ISSUE**

Did the Department properly calculate Claimant's Food Assistance Program (FAP) allotment?

Did the Department properly deny Claimant's State Disability Assistance (SDA) application?

Did the Department properly deny Claimant's State Emergency Relief (SER) application?

**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 SDA and SER on or about .
2. Claimant's monthly income exceeded \$200.00.
3. On , Claimant requested a hearing regarding the denial of his SDA and SER applications, as well as the amount of his FAP allotment.

4. During the hearing, the Department agreed to recalculate Claimant's FAP allotment, effective [REDACTED] and ongoing.

### **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 State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

The State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Family Independence Agency) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001 through R 400.7049.

### **FAP**

In the present case, the Department acknowledged that it did not take into account Claimant's correct income when calculating Claimant's FAP allotment, and agreed to recalculate Claimant's FAP allotment effective [REDACTED] and ongoing.

### **SDA**

The SDA certified group must be in financial need to receive benefits. Need is determined to exist when budgetable income is less than the payment standard established by the department. (BEM 515 7/2013) p. 1.

The payment standard is the maximum benefit amount that can be received by the certified group. Income is subtracted from the payment standard to determine the grant amount. (BEM 515, p. 1) The payment standard for an individual is \$200.00. Financial need exists if there is at least a \$10 deficit after income is budgeted. If there is no deficit, the group is ineligible for assistance. BEM 518 (7/2013), p. 3.

In the present case, Claimant acknowledged that he was in a group of one and that his monthly income was over \$200.00. (RFT 225 (12/2013)). Therefore, the Department acted in accordance with Department policy in denying Claimant's application for SDA.

**SER**

In the present case, the Department alleged that it denied Claimant's SER application due to the program being closed. However, at the hearing, the Department did not present the SER application or denial for examination so that a determination could be made whether the Department acted in accordance with Department policy [See ERM 103 (10/1/2013), p. 2: "Inform all SER applicants in writing of the decision made on their application."]. Without review of the application and denial, it is concluded that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED IN PART with respect to SDA and REVERSED IN PART with respect to SER and FAP.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reinstatement and reprocess Claimant's SER application of on or about [REDACTED], [REDACTED]
2. Issue a new written SER decision notice to Claimant.
3. Recalculate Claimant's FAP allotment, effective [REDACTED] and ongoing.
4. Issue FAP supplements for any increased payment, in accordance with Department policy.

*Susan C. Burke*

**Susan C. Burke**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **12/5/2014**

Date Mailed: **12/5/2014**

SCB / hw

**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 48909-813

cc:

