

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-004661  
Issue No.: 2001, 3001, 4001, 5001  
Case No.: [REDACTED]  
Hearing Date: July 16, 2014  
County: Kent- 1

**ADMINISTRATIVE LAW JUDGE:** Darryl T. Johnson

**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 16, 2014, from Lansing, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included Hearings Facilitator [REDACTED] Family Independence Manager [REDACTED], and Eligibility Specialist [REDACTED]

**ISSUE**

Did the Department properly deny Claimant's applications for State Emergency Relief (SER), Food Assistance Program (FAP), Medical Assistance (MA), and State Development Assistance (SDA)?

**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 was an on-going FAP recipient.
2. Claimant applied for SER to help her with repairing her refrigerator on May 12, 2014 and May 13, 2014.
3. On May 15, 2014, and May 23, 2014, her SER applications were denied due to excess income, excess assets, and ineligibility of the requested repairs in the SER program.
4. On May 15, 2014 Claimant was approved for MA with a monthly spend-down of \$ [REDACTED]

5. Claimant has unearned RSDI of \$ [REDACTED] per month and a pension of \$ [REDACTED] per month.
6. On May 29, 2014, Claimant applied for SDA, FAP, MA and SER.
7. On May 30, 2014, Claimant's application for SDA was denied due to excess income and on May 30, 2014 her application for SER was denied because the purpose of the requested funds was to repair a refrigerator which does not come within Department policy.
8. Claimant is receiving \$ [REDACTED] per month in FAP.
9. On May 27, 2014, the Department received Claimant's hearing request.

### **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.

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.

To be eligible to receive SER or SDA, the Claimant must have income under the program limits. Claimant has unearned income of \$ [REDACTED]. Per ERM 206, page 6 (10/1/13) a group of one cannot have more than \$ [REDACTED] per month. Claimant's income is far in excess of the allowable amount, and therefore she is ineligible for SDA or SER.

During the hearing, Claimant stated that she was not contesting the FAP award. Her hearing request on that matter is deemed withdrawn and will not be addressed.

Claimant is contesting the MA benefits she is receiving. The household income limit for a group of one, ages 19-64, is \$ [REDACTED] (Exhibit 1 Page 20.) Claimant's annual income is \$ [REDACTED]. She has been awarded MA with a monthly Medicaid spend-down of \$ [REDACTED] (Exhibit 1 Page 26 and page 30.) The Department has provided the budget explaining how her spend-down was determined.

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 denied Claimant's applications for SER and SDA, and determined she had a MA spend-down of \$ [REDACTED]. Because Claimant withdrew her challenge of the FAP decision during the hearing, that award will stand.

### **DECISION AND ORDER**

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



Darryl T. Johnson  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **7/17/2014**

Date Mailed: **7/17/2014**

DTJ/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:

