

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-013728
Issue No.: 3008, 6001
Case No.: [REDACTED]
Hearing Date: November 13, 2014
County: Oakland-District 2

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 November 13, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

ISSUE

Did the Department properly reduce the Claimant's Food Assistance Program (FAP) benefits and terminate her Child Development and Care (CDC) 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 was an ongoing Food Assistance Program (FAP) and Child Development and Care (CDC) recipient.
2. On August 31, 2014, the Department sent the Claimant a Redetermination (DHS-1010).
3. The Claimant receives monthly earned income from employment in the gross monthly amount of \$ [REDACTED].
4. The Claimant receives monthly child support in the gross monthly amount of \$ [REDACTED].
5. The Claimant has monthly housing expenses of \$ [REDACTED].
6. On October 7, 2014, the Department received the Claimant's request for a hearing protesting the reduction of her Food Assistance Program (FAP) benefits and the termination of her Child Development and Care (CDC) 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.

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, 2014).

All income is converted to a standard monthly amount. The Department will use the average of child support payments received in the past three calendar months, unless changes are expected. Department of Human Services Bridges Eligibility Manual (BEM) 505 (July 1, 2013).

The Claimant is an ongoing Food Assistance Program (FAP) recipient as a group of two. The Claimant receives earned income from employment twice monthly. The Claimant had been receiving monthly income in the gross monthly amount of \$ [REDACTED] which was determined by totaling the earnings verified from paycheck stubs submitted by the Claimant. The Claimant's earnings increased to \$ [REDACTED] which was determined by multiplying the earned income reported by the Claimant on her Redetermination from by two. The Claimant also received child support in the gross monthly amount of \$ [REDACTED] which was determined by averaging the child support funds she has received over a three month period as directed by BEM 505.

The Claimant's adjusted gross income of \$ [REDACTED] was determined by reducing her earned income by 20%, adding her average child support income of \$ [REDACTED] and reducing her total income by the \$ [REDACTED] standard deduction.

The Claimant's excess shelter deduction was determined by adding her monthly housing expense of \$ [REDACTED] to the standard heat and utility deduction of \$ [REDACTED] and subtracting 50% of her adjusted gross income.

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

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

The Claimant was an ongoing Child Development and Care (CDC) recipient when she reported her household income on her Redetermination form. The Claimant's total monthly income of \$ [REDACTED] which was determining by totaling her monthly earned income and her monthly child support income, which exceeds the income limit of \$ [REDACTED] to receive Child Development and Care (CDC) benefits as a group of two. Department of Human Services Reference Table Manual (RFT) 270 (August 1, 2014).

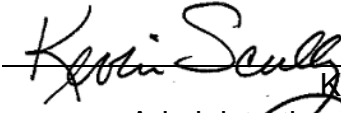
The Claimant testified that communication with the Department has been difficult and she is unable to what benefits she can expect to receive based on the information she is able to obtain.

The quality of service the Department has provided is not an issue that can be addressed by the Michigan Administrative Hearing System (MAHS) unless it has a negative impact on benefits the Claimant is eligible for. In this case, there is no evidence that it has. A complaint as to alleged misconduct or mistreatment by a state employee shall not be considered through the administrative hearing process, but shall be referred to the Department personnel director. Mich Admin Code, R 400.903.

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 reduced her Food Assistance Program (FAP) benefits, and closed her Child Development and Care (CDC) based on income.

DECISION AND ORDER

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



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

Date Signed: **11/17/2014**

Date Mailed: **11/17/2014**

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:

