

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

IN THE MATTER OF:



Reg. No.: 2014 34450
Issue No(s): 2000, 3001
Case No.: [REDACTED]
Hearing Date: May 15, 2014
County: Wayne (76)

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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 May 15, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Hearing Facilitator/Family Independence Manager, and [REDACTED], Assistance Payment Worker.

ISSUE

Did the Department properly determine Claimant's eligibility for Food Assistance Program (FAP) benefits from [REDACTED] through [REDACTED]?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On [REDACTED], Claimant applied for Medical Assistance (MA) and FAP benefits.
2. Claimant was approved for FAP benefits but was denied MA benefits.
3. On [REDACTED], Claimant completed and returned a Redetermination and attached her income for the preceding 30 days.

4. Based on the information submitted, the Department determined that Claimant was eligible for FAP benefits in the amount of \$109.00 per month effective [REDACTED] ongoing.
5. On [REDACTED], Claimant filed a Request for Hearing disputing the Department actions, concerning her FAP and MA 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.

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.

Additionally, shortly after commencement of the hearing, Claimant testified that she understands and is satisfied with the actions taken by the Department with respect to her MA benefits and stated that she no longer had any issues to address with respect to her MA benefits. Claimant further confirmed that she did not wish to proceed with the hearing concerning her MA benefits. The Request for Hearing regarding Claimant's MA benefits was withdrawn. The Department agreed to the dismissal of the hearing request. Pursuant to the withdrawal of the hearing request filed in this matter, the Request for Hearing regarding Claimant's MA benefits is hereby **DISMISSED**.

Likewise, shortly after commencement of the hearing, Claimant testified that she understands and is satisfied with the actions taken by the Department with respect to her current FAP benefits which were effective [REDACTED]. However, Claimant indicated on the record that she wished to dispute the amount of FAP benefits she received from [REDACTED] through [REDACTED]. Department policy holds that Supplemental Food Assistance benefit issuances (supplements) **must** be issued when the regular FAP issuance for the current or prior month(s) is less than the group is

eligible for, or for periods when the group was eligible but received no regular benefits. BAM 406 (July 2013), p. 1. These supplements are limited to underissuances in the **twelve months** before the month in which the earliest of the following occurred:

- The local office received a request for lost benefits from the eligible group.
- The local office discovered that a loss occurred.
- The group requested a hearing to contest a negative action which resulted in a loss.
- The group initiated court action to obtain lost benefits. BAM 406, p. 3.

In this case, the Department confirmed that when determining Claimant's eligibility for FAP benefits from [REDACTED] through [REDACTED], it failed to include an earned income deduction and also failed to include a shelter deduction despite the fact that Claimant had previously submitted her leasing documents. Claimant requested a hearing on [REDACTED] and the Department stated that it learned of the mistake on or about the day of the hearing. Because the date of the hearing and the [REDACTED] hearing request date are within the 12 month timeframe of the effected benefits, Claimant may be entitled to supplements for her FAP benefits from [REDACTED] through [REDACTED].

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 did not act in accordance with Department policy when it failed to properly calculate Claimant's FAP benefits from [REDACTED] through [REDACTED].

DECISION AND ORDER

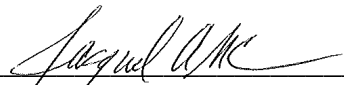
Claimant's hearing concerning her MA issue is **DISMISSED**.

The Department's decision is **REVERSED**.

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. Recalculate Claimant's for FAP budgets from [REDACTED] through [REDACTED] [REDACTED];
2. Issue any supplements for FAP benefits from [REDACTED] through [REDACTED] [REDACTED] that Claimant was eligible to receive but did not; and

3. Notify Claimant in writing of its decision.


JACQUELYN A. MCCLINTON
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 5/23/2014

Date Mailed: 5/23/2014

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, 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

JAM/hw

cc:

