

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-003135
Issue No.: 3008
Case No.: [REDACTED]
Hearing Date: April 23, 2015
County: Calhoun

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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; and Mich Admin Code, R 792.11002. After due notice, an in-person hearing was held on April 23, 2015, in Battle Creek, Michigan. Claimant personally appeared and testified. Participants on behalf of the Department of Health and Human Services (Department) included Assistance Payment Supervisor [REDACTED], Eligibility Specialist [REDACTED], and Eligibility Specialist [REDACTED].

ISSUE

Did the Department properly deny Claimant's applications for the Food Assistance Program (FAP), State Emergency Relief (SER), and the Medicare Cost Share Program?

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 FAP benefits on January 29, 2015.
2. The Department mailed Claimant a Verification Checklist on January 30, 2015, with a due date of February 9, 2015.
3. On February 9, 2015, Claimant applied for the Medicare Cost Share Program.
4. On February 11, 2015, Claimant submitted a SER application.
5. On February 12, 2015, Claimant had an in-person interview with the Department and turned in the requested verifications for FAP.
6. On February 19, 2015, the Department mailed Claimant a Notice of Case Action denying FAP benefits.

7. On February 23, 2015, Claimant submitted a hearing request contesting the Department's negative actions.
8. On March 9, 2015, the local Department submitted a ticket to the Bridges Resources Center concerning the FAP determination.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, 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 Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

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 Department of Human Services) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001-.7049.

Shortly after commencement of the hearing, Claimant testified that she now understood the actions taken by the Department and did not wish to proceed with the SER and Medicare Cost Share Program hearings. Therefore, only the FAP determination is at issue.

In this case, the Department representative testified that a "Help Desk" ticket had been sent to the Central Office to resolve Claimant's FAP benefits. According to the local Department, Claimant was eligible for FAP benefits but the Department's Bridges software program had made changes to the entries and found Claimant was not eligible. The Department representative was at a loss as to how that occurred.

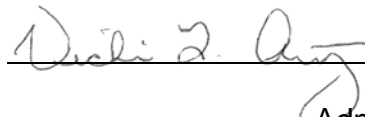
The Department representative explained the problems with the current budget that a "Help Desk" ticket had been submitted on March 9, 2015, to fix. First, Claimant had no earned income beginning February 14, 2015. Claimant's last pay was received on February 13, 2015. Secondly, the heat and utility standard was not budgeted for January and February, 2015, and should have been. Lastly, January's expenses of \$ [REDACTED] should actually be \$ [REDACTED]

DECISION AND ORDER

Accordingly, 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. Redetermine FAP benefits retroactive to January, 2015, with special emphasis on income budget and housing expenses budget as entered by the local office and notated above, and issue any supplement FAP benefits to Claimant as required by policy.



Vicki Armstrong
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **5/1/2015**

Date Mailed: **5/1/2015**

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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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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 48909-8139

cc:

