

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-004652
Issue No.: 5001
Case No.: [REDACTED]
Hearing Date: May 14, 2015
County: Dickinson

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, telephone hearing was held on May 14, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department included [REDACTED], Assistance Payments Supervisor, and [REDACTED] Assistance Payments Worker.

ISSUE

Did the Department of Health and Human Services (Department) properly denied State Emergency Relief (SER) 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 applied for State Emergency Relief (SER) benefits on March 6, 2015.
2. The Claimant's benefit group receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$ [REDACTED].
3. On March 9, 2015, the Department notified the Claimant that she was approved for SER benefits with a \$ [REDACTED] co-payment.
4. On March 12, 2015, the Department notified the Claimant that she was approved for SER benefits with a \$ [REDACTED] co-payment.
5. On March 16, 2015, the Department received the Claimant's request for a hearing protesting the Dep.

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 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.

On March 6, 2015, the Claimant applied for SER benefits requesting assistance avoiding a foreclosure. The Claimant's benefit group receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$ [REDACTED]. The Department determined that the Claimant was eligible for SER benefits with a \$ [REDACTED] co-payment, the sum of a \$ [REDACTED] income co-payment and a \$ [REDACTED] asset co-payment.

Later, the Department revised its eligibility determination. The Department had failed to account for the Claimant's shortfall from her monthly \$ [REDACTED] payment obligation from October 1, 2014, through February 28, 2015, for \$ [REDACTED] total shortfall.

If a client fails without good cause to make required payments, a shortfall amount is determined. The client must pay the shortfall amount toward the cost of resolving the emergency. Verification that the shortfall has been paid must be received before any SER payment can be made. Department of Health and Human Services Emergency Relief Manual (ERM) 208 (October 1, 2014), p 4.


The Department's representative testified that special permission was obtained to waive the income co-payment, but considering the shortfall obligation, this left the Claimant with a \$ [REDACTED] co-payment, the sum of the shortfall and the asset copayment, before the Department would release SER benefits.

The Department has the burden of establishing that it properly applied its policies towards the Claimant's circumstances and the Claimant was the burden of establishing eligibility to receive benefits. The Department established that it properly applied policy to reach a determination that the Claimant is eligible for SER benefits with a \$ [REDACTED] co-payment. The Claimant failed to establish that she is eligible for SER benefits without first making this co-payment.

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 determined the Claimant's co-payment for State Emergency Relief (SER) benefits.

DECISION AND ORDER

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



Kevin Scully
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **5/19/2015**

Date Mailed: **5/19/2015**

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 48909-8139

cc:

