

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-009951  
Issue No.: 3008  
Case No.: [REDACTED]  
Hearing Date: July 29, 2015  
County: Kent-District 1

**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 July 29, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and [REDACTED]. Participants on behalf of the Department included [REDACTED], Family Independence Manager, and [REDACTED], Eligibility Specialist.

**ISSUE**

Did the Department of Health and Human Services (Department) properly determine the Claimant's eligibility for Food Assistance Program (FAP) 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. On May 8, 2015, the Claimant applied for Food Assistance Program (FAP) benefits.
2. On May 19, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting verification of medical expenses.
3. On June 4, 2015, the Department notified the Claimant that he was approved for a \$ [REDACTED] monthly allotment of Food Assistance Program (FAP) benefits as of June 1, 2015, with a prorated allotment of \$ [REDACTED] for the application month.
4. On June 10, 2015, the Department received the Claimant's request for a hearing protesting the amount of her Food Assistance Program (FAP) benefits.

### **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 Department will consider only the medical expenses of senior/disabled/veteran (SDV) person in the eligible benefit group. A FAP group is not required to, but may voluntarily report changes during the benefit period. Expenses that are not ongoing must be verified as they occur. Department of Human Services Bridges Eligibility Manual (BEM) 554 (October 1, 2014), pp 8-12.

On May 8, 2015, the Claimant applied for FAP benefits as a SDV group of one. The Claimant receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$ [REDACTED]. The Claimant receives monthly pension income in the gross monthly amount of \$ [REDACTED]. The Claimant's adjusted gross income of \$ [REDACTED] was determined by subtracting the \$ [REDACTED] standard deduction and a \$ [REDACTED] medical deduction from her total monthly income. The medical deduction was determined by totaling her verified expenses over \$ [REDACTED] which includes her Medicare premium of \$ [REDACTED] to a \$ [REDACTED] monthly prescription. The Claimant is entitled to a \$ [REDACTED] excess shelter deduction, which was determined by adding her \$ [REDACTED] monthly housing expense to the \$ [REDACTED] standard heat and utility deduction, then 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 one with a net income of \$ [REDACTED] is entitled to a \$ [REDACTED] monthly allotment of FAP benefits.

The Claimant argued that the Department failed to include expenses that she expects to be re-occurring as ongoing medical expenses. This Administrative Law Judge finds that one-time expenses are not expenses that will never re-occur and that BEM 554 requires that all expenses be verified before they are considered countable.

Based on the evidence and testimony available during the hearing, this Administrative Law Judge finds that the Claimant's initial eligibility entitlement to FAP benefits was properly determined based on the information submitted with her application for assistance. Eligibility for future months and whether all one-time expenses will be properly counted for future months is beyond the scope of this hearing.

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 Food Assistance Program (FAP) eligibility effective May 8, 2015.

**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: **7/31/2015**

Date Mailed: **7/31/2015**

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:

