

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-006174  
Issue No.: 5001  
Case No.: [REDACTED]  
Hearing Date: June 1, 2015  
County: Wayne (51)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**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 June 1, 2015, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Health and Human Services (DHHS) included [REDACTED], specialist.

**ISSUE**

The issue is whether DHHS properly determined Claimant's State Emergency Relief (SER) eligibility for a home repair.

**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 SER seeking assistance with an \$819 water heater purchase and installation.
2. As of [REDACTED], Claimant's monthly income was \$753.
3. On [REDACTED], DHHS mailed Claimant a State Emergency Relief Decision Notice (Exhibits 1-3), informing Claimant of a \$511 SER approval, subject to a \$308 copayment to be made by Claimant by [REDACTED].
4. On [REDACTED], Claimant requested a hearing to dispute the SER decision.
5. By [REDACTED], Claimant did not make her required SER copayment.

### **CONCLUSIONS OF LAW**

The State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-119b. The SER program is administered by DHHS (formerly known as the Family Independence Agency) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001 through R 400.7049. DHHS policies are contained in the Department of Human Services Emergency Relief Manual (ERM).

Claimant requested a hearing to dispute an SER decision. Specifically, Claimant sought \$819 for the purchase and installation of a water heater (see Exhibit 4). DHHS approved Claimant for \$511 of the total requested cost, but required Claimant to first pay \$308 by April 21, 2015. Claimant specifically objected to her obligation to make a copayment.

A group is eligible for non-energy SER services with respect to income if the total combined monthly net income that is received or expected to be received by all group members in the 30-day countable income period does not exceed the standards found in Exhibit I, SER Income Need Standards for Non-Energy Services. ERM 208 (October 2014), p. 1. The income-need standard for a group size of 1 is \$445. *Id.*, p. 5.

It was not disputed that Claimant was a group size of 1 with a monthly income of \$753/month. Subtracting Claimant's income need standard (\$445) from her monthly income results in an income copayment of \$308, exactly the amount that DHHS calculated as a copayment.

Claimant contended that DHHS should have factored her monthly mortgage and utility obligations. SER budget procedures do not factor mortgage or utilities.

If the SER group meets all eligibility criteria but has a copayment, shortfall or contribution, DHHS is to not issue payment until the client provides proof that their payment has been made or will be made by another agency. *Id.*, p. 4. Verification of payment must be received in the local office within the 30-day eligibility period or no SER payment will be made. *Id.* The client will then have to reapply. *Id.*

DHHS gave client 30 days from the date of Claimant's application to make her copayment. Claimant testified that she requested an extension on the 30 day period. As implied above, extensions on copayments are not permitted; Claimant's remedy is to reapply.

It should be noted that DHHS has discretion to modify income copayments (see ERM 208, pp. 7-8). A consideration of income copayment modification may not be undertaken because income copayment modification is not an entitlement.

Based on the presented evidence, it is found that DHHS properly determined Claimant to be eligible for \$511 of SER, subject to a \$308 Claimant copayment. Claimant's failure

to make her copayment by [REDACTED] justified non-payment of the conditional SER approval.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHHS properly denied Claimant's SER request for home repairs. The actions taken by DHHS are **AFFIRMED**.



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**Christian Gardocki**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **6/3/2015**

Date Mailed: **6/3/2015**

CG / hw

**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:

