

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████████████

Reg. No.: 15-006790  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: June 04, 2015  
County: WAYNE-DISTRICT 15  
(GREYDALE)

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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, a telephone hearing was held on June 4, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, FIS.

**ISSUE**

Did the Department properly deny the Claimant's application for SER relocation application?

**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 SER relocation assistance on March 6, 2015. The Department denied the application on April 10, 2015. The Claimant submitted a second application on April 4, 2015 and received a decision denying the application on April 15, 2015. No decision appears to have been made on the first application.
2. The Claimant was seeking SER for rent and/or security deposit in her SER application.
3. The Department issued an SER Decision Notice dated April 10, 2015 indicating that the Claimant had a co-payment of \$1489.74. The Decision Notice also

indicated there was \$478 in unmet shortfall. Based upon the hearing summary, the application was denied due to income. The Claimant had until May 1, 2015 to provide the Department proof of her co-pay amounts. Exhibit A.

4. The Claimant did not request heating assistance in her application. Exhibit B.
5. The Claimant paid for a security deposit in the amount of \$650 which was paid in full. The Claimant receives \$1160 monthly. No budget was presented by the Department at the hearing. The Claimant had a group of 3.
6. The SER decision was based upon a Pre-Hearing Conference between the Department and Claimant.
7. The Claimant did not provide a receipt for the rent which she paid, because her landlord did not give her one. The Claimant paid the rent in the amount of \$650.
8. The Claimant requested a hearing on April 23, 2015 protesting the denial of her SER decision.

### **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.

In this case, the Department did not provide any budgets and could not explain the shortfall amount and the co-payment amounts. The Department also improperly included the heating payment co-payment even though the Claimant did not request heating utility assistance. The Department failed to meet its burden of proof regarding how it determined the shortfall and co-payment amounts and thus failed to meet its burden of proof. The Department had no information regarding housing expense as the page was cut off and did nothing to determine the information. Ultimately, it is determined that the Department failed to meet its burden of proof and did not demonstrate that the application was properly processed and the standard of promptness was not met. The Department's calculations in its SER Decision Notice were not confirmed by any factual information or budgets and, thus, there is no evidence to support its SER decision. Under these circumstances, the Department

must re-process the Claimant's SER case and properly determine the shortfall amount, if any, and the co-payment amount, if any.

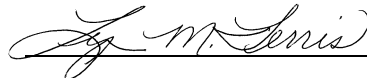
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it calculated the shortfall or co-payment amounts and also included heating utility payment requirement which was not requested by the Claimant.

### **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. The Department shall reinstate the Claimant's SER application and process the application to determine eligibility. The Claimant shall be given the opportunity to demonstrate that she has met any co-payment or shortfall obligation once the Department provides the Claimant the appropriate Decision Notice.
2. The Department shall seek appropriate information from the Claimant regarding any information necessary through verification so that it can properly process the SER application and issue a Decision.



**Lynn M. Ferris**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **7/7/2015**

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

LMF / cl

**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:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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