

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

**IN THE MATTER OF:**



Reg. No.: 15-007341  
Issue No.: 3008  
Case No.: [REDACTED]  
Hearing Date: June 17, 2015  
County: Washtenaw

**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 June 17, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department included [REDACTED], Eligibility Specialists, and [REDACTED], Hearing Facilitator.

**ISSUE**

Did the Department of Health and Human Services (Department) properly determine the Claimant's Food Assistance Program (FAP) benefit level?

**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 is an ongoing Food Assistance Program (FAP) recipient.
2. On February 10, 2015, the Department sent the Claimant a Redetermination (DHS-1010) with a due date of March 2, 2015.
3. The Department notified the Claimant that it would close her Food Assistance Program (FAP) benefits as of March 31, 2015.
4. On April 9, 2015, the Department received the Claimant's application for Food Assistance Program (FAP) and Medical Assistance (MA).
5. On April 10, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting verification of her monthly housing expenses by April 20, 2015.

6. On April 10, 2015, the Department received verification that the Claimant has a monthly rent obligation of \$ [REDACTED] that includes heating expenses.
7. The Claimant receives monthly Supplemental Security Income (SSI) in the gross monthly amount of \$ [REDACTED]
8. On April 20, 2015, the Department notified the Claimant that she was approved for a \$ [REDACTED] monthly allotment of Food Assistance Program (FAP) benefits with an \$ [REDACTED] prorated benefit for April of 2015.
9. On May 14, 2015, the Department received the Claimant's request for a hearing protesting the amount of her monthly Food Assistance Program (FAP) allotment.

### **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.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (April 1, 2015), p 5.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (October 1, 2014), pp 1-9.

The Claimant was an ongoing FAP recipient when the Department initiated a routine review of her eligibility to receive continuing benefits. On February 10, 2015, the Department sent the Claimant a Redetermination (DHS-1010) with a due date of March 2, 2015. When the Department did not receive the Claimant's redetermination material, it closed her FAP benefits effective March 31, 2015.

On April 9, 2015, the Department received the Claimant's application for FAP and MA benefits as a group of one. The Claimant receives monthly Supplemental Security Income (SSI) benefits in the gross monthly amount of \$ [REDACTED] as indicated on her application for assistance. The Claimant provided the Department with verification of her monthly rent obligation of \$ [REDACTED] that includes heating expenses. The Claimant's adjusted gross income of \$ [REDACTED] was determined by subtracting the standard \$ [REDACTED] deduction from her total monthly income.

The Claimant is not entitled to a deduction for monthly shelter expenses because her monthly rent expense combined with the \$ [REDACTED] standard telephone expenses deduction is less than 50% of her adjusted gross income.

For all Food Assistance Program (FAP) groups that received the heat and utility standard on or before February 7, 2014, the heat and utility standard will remain in place for a period of five months after the month of their first redetermination or first reported case change occurring on or after May 1, 2014. In order to continue receiving the heat and utility standard beyond the expiration of the five month period, the Food Assistance Program (FAP) group must meet the requirements of the mandatory heat and utility standard section. Department of Human Services Bridges Eligibility Manual (BEM) 554 (October 1, 2014), p 15.


In the past, the Claimant may have received a \$ [REDACTED] heat and utility deduction but since May 1, 2015, FAP recipients must verify that they have a heating expense obligation to receive this credit. BEM 554.

Since the Claimant is not entitled to an excess shelter deduction, her net income is the same as her adjusted gross income. A group of one with a net income of \$ [REDACTED] is entitled to a \$ [REDACTED] monthly allotment of FAP benefits. Department of Health and Human Services Reference Table Manual (RFT) 260 (October 1, 2015). The Claimant received \$ [REDACTED] for April of 2015 as a prorated benefit due to her April 9, 2015, application date as directed by Department of Health and Human Services Bridges Eligibility Manual (BEM) 556.

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 monthly allotment of Food Assistance Program (FAP) 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: **6/18/2015**

Date Mailed: **6/18/2015**

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:

