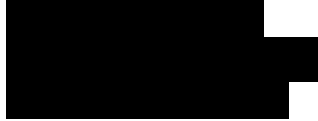


**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**IN THE MATTER OF:**



MAHS Reg. No.: 15-008893  
Issue No.: 3008  
DHHS Case No.: [REDACTED]  
Hearing Date: July 21, 2015  
County: Alpena

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

**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 July 21, 2015, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Health and Human Services (Department) included Office of Child Support Lead Worker [REDACTED], Eligibility Specialist (ES) Marshall and Family Independence Manager (FIM) [REDACTED] (no relation to Claimant).

**ISSUE**

Did the Department properly determine the amount of Claimant's Food Assistance Program (FAP) eligibility on April 20, 2015?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Claimant was an ongoing recipient of FAP benefits.
2. On November 13, 2014, Claimant was found non-cooperative with the Office of Child Support.
3. On November 14, 2014, Claimant was sent a Notice of Case Action (DHS-1605) which stated her FAP benefits were reduced because she was removed from the FAP benefit group beginning December 1, 2014.
4. On November 20, 2014, Claimant contacted the Office of Child Support by telephone. (Page 49)

5. On April 20, 2015, Claimant was sent a Notice of Case Action (DHS-1605) which stated her Food Assistance Program benefits were reduced beginning June 1, 2015.
6. On May 6, 2015, Claimant contacted the Office of Child Support by telephone. No new or additional information was provided. (Page 49) Claimant submitted a hearing request.

### **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.

In this case, the Department's FAP eligibility determination of November 14, 2014, was based on a group of two (Claimant's two children) and \$ [REDACTED] income for the group. The Department's FAP eligibility determination of April 20, 2014, was based on a group of two (Claimant's two children) and \$ [REDACTED] of earned income for the group.

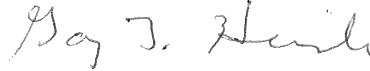
The Department's Office of Child Support sent Claimant written notice of her non-cooperation status On November 13, 2014. Claimant was sent notice of her removal from the FAP benefit group due to non-cooperation on November 14, 2014. This May 6, 2015, hearing request was not submitted within 90 calendar days of notice to Claimant of that determination.

No new or additional information was provided to the Department prior to the April 20, 2015, FAP eligibility determination; and Claimant was still excluded from the benefit group. Bridges Administration Manual (BAM) 600 Hearings (4-1-2015) provides no jurisdiction to review Claimant's non-cooperation status as a result of this hearing request.

During this hearing, the amount of earned income used in the April 20, 2015, FAP eligibility determination was verified. 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 amount of Claimant's FAP eligibility on April 20, 2015.

**DECISION AND ORDER**

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



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Gary Heisler  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Mailed: **7/27/2015**

GH/jaf

**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:

