

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-009488
Issue No.: 3008, 4001
Case No.: [REDACTED]
Hearing Date: August 19, 2015
County: OTTAWA (DISTRICT 70)

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 August 19, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], her husband [REDACTED], and their attorney [REDACTED] of [REDACTED], PLLC. Participants on behalf of the Department included Assistant Attorney General [REDACTED], 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) and State Disability Assistance (SDA) 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. The Claimant was an ongoing Food Assistance Program (FAP) recipient on May 13, 2015, when the Department received the Claimant's application for State Disability Assistance (SDA) benefits.
2. The Claimant's husband receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$[REDACTED].
3. The Claimant reported monthly housing expenses of \$[REDACTED], and are obligated to pay for utilities separate from these housing expenses.
4. On May 13, 2015, the Department notified the Claimant that her application for State Disability Assistance (SDA) had been denied based on household income.

5. The Department approved the Claimant's application for Food Assistance Program (FAP) benefits with a \$ [REDACTED] monthly allotment as of June 1, 2015.
6. On June 16, 2015, the Department received the Claimant's request for a hearing protesting the amount of Food Assistance Program (FAP) benefits she is receiving and the denial of her State Disability Assistance (SDA) application.

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 State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Health and Human Services (formerly known as the Department of Human Services) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

A person is disabled for SDA purposes if he:

- Receives other specified disability-related benefits or services, see Other Benefits or Services, or
- Resides in a qualified Special Living Arrangement (SLA) facility, or
- Is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability.
- Is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS), see Medical Certification of Disability. Department of Health and Human Services Bridges Eligibility Manual (BEM) 261 (July 1, 2015), pp 1-2.

All earned and unearned income available to the Claimant is countable. Earned income means income received from another person or organization or from self-employment for duties for duties that were performed for compensation or profit. Unearned income means all income that is not earned, including but not limited to funds received from the Family Independence Program (FIP), State Disability Assistance (SDA), Child

Development and Care (CDC), Medicaid (MA), Social Security Benefits (RSDI/SSI), Veterans Administration (VA), Unemployment Compensation Benefits (UCB), Adult Medical Program (AMA), alimony, and child support payments. The amount counted may be more than the client actually receives because the gross amount is used prior to any deductions. Department of Health and Human Services Bridges Eligibility Manual (BEM) 500 (July 1, 2014).

The Claimant was an ongoing FAP recipient as a group of two on May 13, 2015, when the Department received the Claimant's application for SDA benefits. The Claimant receives RSDI benefits in the gross monthly amount of \$[REDACTED]. The monthly income limit to receive SDA benefits is \$[REDACTED]. On May 13, 2015, the Department notified the Claimant that her application for State Disability Assistance (SDA) benefits had been denied.

Consider only the medical expenses of SDV persons in the eligible group or SDV persons disqualified for certain reasons. Department of Health and Human Services Bridges Eligibility Manual (BEM) 554 (October 1, 2014), p 8.

FAP groups that qualify for the h/u standard do not receive any other individual utility standards. BEM 554, p 15.

The Claimant is an ongoing FAP recipient as a group of two and the Department considers the Claimant's husband to be a senior/disabled/veteran (SDV) FAP recipient. The Claimant receives monthly RSDI income in the gross monthly amount of \$1,356, which represents the household's only source of income. The Claimant's adjusted gross income of \$[REDACTED] was determined by reducing total monthly income by the standard \$[REDACTED] deduction. The Claimant is entitled to an excess shelter deduction of \$[REDACTED], which was determined by adding her monthly housing expenses, which consist of property taxes and housing insurance to the standard \$[REDACTED] heat and utility deduction, then subtracting 50% of her adjusted gross income. The Claimant did not present any other housing expenses that may be applied towards her FAP eligibility.

The Claimant's net monthly income of \$[REDACTED] was determined by subtracting her excess shelter deduction from her adjusted gross income. A group of two with a net income of \$[REDACTED] is entitled to a \$[REDACTED] monthly allotment of Food Assistance Program (FAP) benefits. Department of Health and Human Services Reference Table Manual (RFT) 260 (October 1, 2015).

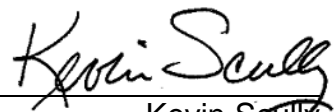
As a SDV FAP recipient, the Claimant's husband is entitled to a deduction for certain medical expenses. The Claimant is not entitled to a deduction for Medicare premiums because this expense is paid for. Other one-time medical expenses must be verified as they occur. The Claimant failed to establish on the record that verification of one-time medical expenses had been submitted to the Department.

The Claimant testified that she is also disabled but failed to establish the basis for her disability or that she meets the criteria of BEM 261.

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 denied the Claimant's application for State Disability Assistance (SDA) benefits and determined the group's eligibility for Food Assistance Program (FAP) benefits as of June 1, 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: **8/21/2015**

Date Mailed: **8/21/2015**

KS/■

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.

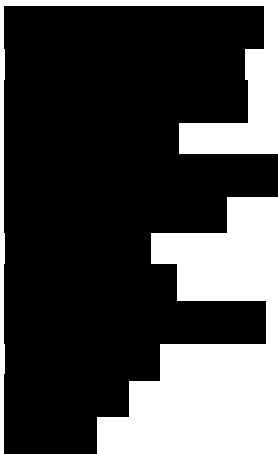
A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

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:

A large black rectangular redaction box covers the names and contact information of the recipients listed in the CC field.