

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

**IN THE MATTER OF:**

[REDACTED]

MAHS Reg. No.: 15-020538  
Issue No.: 3008  
Agency Case No.: [REDACTED]  
Hearing Date: January 05, 2016  
County: BERRIEN (DISTRICT 22)

**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 January 05, 2016, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. [REDACTED] represented the Department of Health and Human Services (Department). Witnesses on behalf of the Department included [REDACTED].

**ISSUE**

Did the Department of Health and Human Services (Department) properly determine the Claimant's monthly allotment of Food Assistance Program (FAP) 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 is an ongoing Food Assistance Program (FAP) recipient as a group of one.
2. The Claimant receives monthly Supplemental Security Income (SSI) in the gross monthly amount of \$ [REDACTED] and monthly State Supplemental Security Income (SSP) in the gross monthly amount of \$ [REDACTED].
3. On October 10, 2015, the Department notified the Claimant that his monthly allotment of Food Assistance Program (FAP) benefits would be reduced to \$ [REDACTED].
4. On November 9, 2015, the Department notified the Claimant that his monthly allotment of Food Assistance Program (FAP) benefits would be reduced to \$ [REDACTED].

5. On October 29, 2015, the Department received the Claimant's request for a hearing protesting the amount of Food Assistance Program (FAP) benefits he is receiving.

### **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.

Verify shelter expenses at application and when a change is reported. If the client fails to verify a reported change in shelter, remove the old expense until the new expense is verified. Department of Health and Human Services Bridges Eligibility Manual (BEM) 554 (October 1, 2015), p 14.

Current and arrearage child support expenses must be paid to be allowed. BEM 554, p 6.

The Claimant is an ongoing FAP recipient as a group of one. The Claimant receives a total monthly income of \$█, which was determined by totaling his gross monthly Supplemental Security Income (SSI) and State Supplemental Security Income (SSP) benefits. The Claimant's adjusted gross income of \$█ was determined by reducing his total income by the \$█ standard deduction and a \$█ child support expense.

The Claimant testified that he reported monthly housing expenses to the Department but that these expenses were not acceptable to the Department because the verification documents he submitted was not detailed enough.

The Claimant is not entitled to an excess shelter deduction and his net income is the same as his adjusted gross income because the Department is required to remove unverified housing expenses from his budget as directed by BEM 554. A group of one with a net income of \$█ is entitled to a \$█ monthly allotment of FAP benefits.

After examining the Claimant's FAP budget, the Department discovered that he is not paying his child support obligation. Child support expenses must be paid to be credited against income for determining FAP eligibility.

The Claimant's revised adjusted gross income of \$ [REDACTED] was determined by reducing his total income by only the \$ [REDACTED] standard deduction. A group of one with a \$ [REDACTED] monthly income and no verified housing expenses is entitled to a \$ [REDACTED] monthly allotment of FAP benefits.

Based on the evidence and testimony available during the hearing, this Administrative Law Judge finds that the Claimant failed to provide verification of monthly housing expenses, monthly utility expenses if paid separately from housing expenses, or any allowable medical expenses, if there are 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 acted in accordance with Department policy when it determined the Claimant's ongoing Food Assistance Program (FAP) eligibility as of December 1, 2015.

### **DECISION AND ORDER**

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



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Kevin Scully  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **1/7/2016**

Date Mailed: **1/7/2016**

KS/ [REDACTED]

**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:

