RICK SNYDER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN ADMINISTRATIVE HEARING SYSTEM Christopher Seppanen Executive Director

MIKE ZIMMER DIRECTOR



Date Mailed: March 10, 2016 MAHS Docket No.: 15-020913 Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Kevin Scully

HEARING DECISION

Following Petitioner'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 March 09, 2016, from Lansing, Michigan. Participants on behalf of Petitioner included (Family Independence Manager) represented the Department of Health and Human Services (Department). The Petitioner's hearing request was dismissed on January 7, 2015, but this dismissal was vacated on February 18, 2015, after he established good cause for failing to attend his hearing it originally scheduled date.

ISSUE

Did the Department of Health and Human Services (Department) properly determine the Petitioner's eligibility for 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 Petitioner is an ongoing Food Assistance Program (FAP) recipient as a group of one.
- 2. The Petitioner receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$
- 3. The Petitioner is responsible for a **\$** monthly housing expense.
- 4. The Petitioner is responsible for a **\$ monthly premium for his Medicare Part-**B premium.

- 5. On October 5, 2015, the Petitioner provided the Department with verification of medical expenses totaling \$
- 6. On November 10, 2015, the Department received the Petitioner's request for a hearing protesting the amount of Food Assistance Program (FAP) benefits granted by the Department.

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.

All earned and unearned income available to the Petitioner 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 Human Services Bridges Eligibility Manual (BEM) 500 (July 1, 2015).

The Department will consider only the medical expenses of senior/disabled/veteran (SDV) persons in the eligible group. A FAP group is not required to, but may voluntarily report changes during the benefit period. Department of Health and Human Services Bridges Eligibility Manual (BEM) 554 (October 1, 2015), p 8.

The Petitioner is an ongoing FAP recipient as a group of one and is considered to be a SDV group. The Petitioner receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of **Source** The Petitioner's adjusted gross income of **Source** was determined by reducing his total monthly income by the standard deduction and his reported **Source** medical expenses. The Petitioner's countable medical expenses as a SDV FAP recipient consists of his **Source** Medicare premium and the **Source** of one-time medical expenses verified on October 5, 2015, less the **Source** deduction as directed by BEM 550. The Petitioner is entitled to a shelter

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deduction of \$ which was determined by adding his \$ monthly housing obligation to the \$ adjusted gross income. The Petitioner is not entitled to a deduction for the portion of rent paid by the Michigan State Housing Development Authority.

The Petitioner's net income of **\$** was determined by reducing his adjusted gross income by his **\$** excess shelter deduction. A group of one with a net income of **\$** is entitled to a **\$** monthly allotment of FAP benefits. Department of Health and Human Services Reference Table Manual (RFT) 260 (October 1, 2015).

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 Petitioner's eligibility for Food Assistance Program (FAP) benefits effective November 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

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

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

DHHS

Petitioner



CC:

