



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

[REDACTED]

Date Mailed: April 18, 2016
MAHS Docket No.: 16-003353
Agency No.: [REDACTED]
Petitioner: [REDACTED]

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 April 13, 2016, from Lansing, Michigan. Participants on behalf of Petitioner included her mother and authorized hearing representative [REDACTED]. [REDACTED] (Assistance Payments Supervisor) represented the Department of Health and Human Services (Department).

ISSUE

Did the Department of Health and Human Services (Department) properly determine the Petitioner's eligibility for the Food Assistance Program (FAP)?

FINDINGS OF FACT

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

1. On January 26, 2016, the Department received the Petitioner's Food Assistance Program (FAP) application. Exhibit A, p1.
2. The Petitioner receives benefits from the Social Security Administration in the gross monthly amount of \$ [REDACTED] and State Supplemental Security Income (SSP) in the gross monthly amount of \$ [REDACTED]. Department Exhibit A, pp 11-13.
3. The Petitioner did not provide the Department with receipts of any countable medical expenses.
4. On February 12, 2016, the Department notified the Petitioner that her Food Assistance Program (FAP) application had been approved with a \$0 for January of 2016, and a \$ [REDACTED] ongoing allotment starting on February 1, 2016. Exhibit A, p 5.

5. On March 8, 2016, the Department received the Petitioner's request for a hearing protesting the level of her Food Assistance Program (FAP) benefits. Exhibit A, pp 1-4.

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 is countable unless excluded by policy. Earned income means income received from another person or organization or from self-employment 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 (January 1, 2016).

A FAP group is not required to, but may voluntarily report changes during the benefit period. The Department will consider only the medical expenses of senior/disabled/veteran (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, 2015), pp 8-9.

For approval of an application filed during any period a FAP group was not certified for benefits, the effective date is the date of application if the group is eligible for the application month and benefits are to be prorated (even if the benefit amount prorates to zero). If the amount is less than \$10.00, the FAP group will not receive an initial benefit. Department of Health and Human Services Bridges Eligibility Manual (BEM) 556 (July 1, 2013), p 6.

On January 26, 2016, the Department received the Petitioner's FAP application. The Petitioner receives a gross monthly income of \$ [REDACTED] which consists of her social security benefits and her state supplemental benefits. The SSP benefit is paid quarterly and is converted to a monthly income by dividing by 3. The Petitioner's representative did not challenge the Department's determination of her income.

The Petitioner's adjusted gross income of \$ [REDACTED] was determined by reducing her total monthly income by the \$ [REDACTED] standard deduction. The Department considers the Petitioner a SDV group and she is entitled to a deduction for medical expenses, but in this case no receipts for countable medical expenses was submitted to the Department. The Petitioner is entitled to a \$ [REDACTED] excess shelter deduction, which was determined by reducing her \$ [REDACTED] monthly housing expense by 50% of her adjusted gross income. The Petitioner is not responsible for utilities separate from her housing expenses and therefore she is not entitled to a separate deduction for those expenses.

The Petitioner's net income of \$ [REDACTED] was determined by reducing her adjusted gross income by the excess shelter deduction. 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 effective date for the Petitioner's FAP benefits is the date her application was received by the Department, which was January 26, 2016. Since the Petitioner's application was approved, she is eligible for a prorated benefit for January of 2016. Because the prorated benefit for the period of January 26, 2016, through January 31, 2016, is less than \$ [REDACTED] the Petitioner did not receive any FAP benefits for January of 2016.

The Petitioner's representative argued that her daughter's monthly allotment of benefits seems insufficient considering her limited income and considerable expenses.

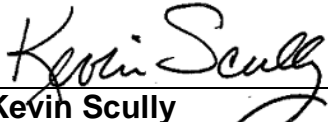
However, the Petitioner failed to establish that the Department improperly determined her income or failed to consider any countable expenses where verified at the time the application as processed by the Department.

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 the Food Assistance Program (FAP) as of January 26, 2016.

DECISION AND ORDER

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

KS/las



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

[REDACTED]

Petitioner

[REDACTED]