



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: December 5, 2016
MAHS Docket No.: 16-015806

[REDACTED]
[REDACTED]
[REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

HEARING DECISION

Upon the request for a hearing by the Department of Health and Human Services (Department), this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, and in accordance with Titles 7, 42 and 45 of the Code of Federal Regulation (CFR), particularly 7 CFR 273.16 and 45 CFR 235.110; and with Mich Admin Code, R 400.3130 and 400.3178. After due notice, a telephone hearing was held on November 22, 2016, from Lansing, Michigan. The Department was represented by [REDACTED], Recoupment Specialist.

Respondent did not appear. This matter having been initiated by the Department and due notice having been provided to Respondent, the hearing was held in Respondent's absence in accordance with Department of Health and Human Services Bridges Administrative Manual (BAM) 725.

ISSUE

Did Respondent receive an over-issuance (OI) of Food Assistance Program (FAP) benefits due to Department error?

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 October 2, 2012, the Respondent applied for FAP benefits and reported her employment at [REDACTED] Department Exhibit 1, pgs. 6-15.
2. On October 29, 2012, the Department made the Respondent a simplified reporter with a monthly income limit of [REDACTED]. Department Exhibit 1, pgs. 16-22.

3. On July 19, 2013, the Respondent applied for State Emergency Relief (SER) and reported a change in her income of an increase in earned income. Department Exhibit 1, pgs. 23-32.
4. On April 11, 2016, a referral was made to the recoupment staff for a potential over issuance because the Respondent may have exceeded simplified reporting income limits. Department Exhibit 1, pg. 33.
5. The Department alleges Respondent received a FAP OI during the period March 1, 2013, through September 30, 2013, due to **Department** error. Department Exhibit 1, pg. 51.
6. The Department alleges that Respondent received [REDACTED] OI that is still due and owing to the Department. Department Exhibit 1, pgs. 34-50.
7. On September 21, 2016, the Department sent the Respondent a notice that she had received an overissuance of FAP benefits due to Department error.
8. On October 21, 2016, the Department received a hearing request from the Respondent, contesting the Department overissuance decision.

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), and Department of Health and Human Services Reference Tables Manual (RFT).

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 to .3015.

Additionally, the Respondent applied for FAP benefits on October 2, 2012 and reported her employment at [REDACTED]. Department Exhibit 1, pgs. 6-15. On October 29, 2012, the Department made the Respondent a simplified reporter with a monthly income limit of [REDACTED]. Department Exhibit 1, pgs. 16-22. On July 19, 2013, the Respondent applied for State Emergency Relief (SER) and reported a change in her income of an increase in earned income. Department Exhibit 1, pgs. 23-32. On April 11, 2016, a referral was made to the recoupment staff for a potential over issuance because the Respondent may have exceeded simplified reporting income limits. Department Exhibit 1, pg. 33.

The Department alleges Respondent received a FAP OI during the period March 1, 2013, through September 30, 2013, due to **Department** error. Department Exhibit 1, pg. 51. The Department alleges that Respondent received [REDACTED] OI that is still due and owing to the Department. Department Exhibit 1, pgs. 34-50. On September 21, 2016, the Department sent the Respondent a notice that she had received an overissuance of FAP benefits due to Department error. On October 21, 2016, the Department received a hearing request from the Respondent, contesting the Department overissuance decision. BAM 105, 115, 130, 220, 700, 705, and 725. BEM 500, 503, 550, 554, and 556.

During the hearing, the Recoupment Specialist stated that the Respondent exceeded the income limits for the FAP program where the Respondent's monthly income was [REDACTED] for a group size of 1 and gross income limit was [REDACTED]. The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, finds that the Department **did** establish a FAP benefit OI to Respondent totaling [REDACTED] that the Department is required to recoup.

DECISION AND ORDER

Accordingly, the Department is **AFFIRMED**.

The Department is **ORDERED** to initiate collection procedures for a [REDACTED] OI in accordance with Department policy.



[REDACTED]
Carmen G. Fahie

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED]