



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: June 7, 2016  
MAHS Docket No.: 16-005759  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

### **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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on June 1, 2016, from Lansing, Michigan. Petitioner appeared and testified. Eligibility Specialist [REDACTED] and Family Independence Manager [REDACTED] appeared for the Department and testified. Department's Exhibit A, pages 1 – 18 was admitted into evidence. During this hearing Petitioner stated there is not any issue with his Food Assistance Program (FAP) benefits. That portion of this hearing request is dismissed.

### **ISSUE**

Did the Department properly process Petitioner's February 10, 2016 State Emergency Relief (SER) application?

### **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 February 10, 2016, Petitioner submitted a State Emergency Relief (SER) application.
2. ON February 12, 2016, Petitioner was sent a State Emergency Relief Decision Notice (DHS-1419) approving the SER application. The notice stated that the Department would pay \$ [REDACTED] once Petitioner provided proof that he made his copayment.
3. On April 27, 2016, Petitioner submitted this hearing request.

**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 State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Department of Human Services) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001-.7049.

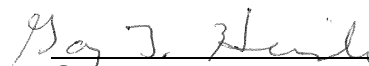
Petitioner submitted this hearing request because the Department did not pay the approved amount. During this hearing Petitioner testified that he did not take in verification of the payments he made.

Petitioner's failure to meet the requirements provided in the February 12, 2016 approval of his State Emergency Relief (SER) application is not a failure of 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 processed Petitioner's February 10, 2016 State Emergency Relief (SER) application.

**DECISION AND ORDER**

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

GH/nr

  
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Gary Heisler  
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]