



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

RICK SNYDER
GOVERNOR

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: August 25, 2017
MAHS Docket No.: [REDACTED] 17-009291
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, an in-person hearing was held on [REDACTED], from Ypsilanti, Michigan. The Petitioner was represented by [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist and [REDACTED], Family Independence Manager.

ISSUE

Did the Department properly approve Petitioner for Food Assistance Program (FAP) benefits in the amount of [REDACTED] effective [REDACTED]?

FINDINGS OF FACT

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

1. Petitioner is an ongoing recipient of FAP benefits.
2. On [REDACTED], Petitioner submitted a Redetermination which included a medical bill.
3. The Department gave Petitioner credit for a one-time medical expense and as a result, Petitioner received [REDACTED] in FAP benefits for [REDACTED].
4. After redetermining Petitioner’s eligibility for FAP benefits, the Department sent Petitioner a Notice of Case on [REDACTED] which notified Petitioner that his FAP benefits would decrease to [REDACTED] effective [REDACTED].

5. On [REDACTED], Petitioner filed a Request for Hearing with the Department disputing its actions.

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.

In this case, the Department recalculated Petitioner's eligibility for FAP benefits based upon the Redetermination submitted on [REDACTED]. Petitioner receives [REDACTED] in Social Security income. Petitioner does not have any other income. Accordingly, the Department calculated Petitioner's monthly income as [REDACTED] per month.

The Department submitted a budget in support of its position that Petitioner was entitled to [REDACTED] per month effective [REDACTED]. Based on Petitioner's one-person group size, he was eligible to receive a standard deduction of [REDACTED]. RFT 255, p. 1. (October 2016). The Department testified that Petitioner submitted a medical bill in the amount of [REDACTED]. Although the medical bill had a service date of [REDACTED], the Department indicated that it provided Petitioner with a medical deduction in [REDACTED]. This caused Petitioner to receive [REDACTED] in FAP benefits for [REDACTED]. The Department further indicated that because this was a one-time bill, it did not allow for any medical deductions beyond [REDACTED]. When the standard deduction of [REDACTED] is subtracted from Petitioner's income, his adjusted gross income is [REDACTED].

Petitioner confirmed that he has a housing expense of [REDACTED] per month. Petitioner pays a heat and electric expense and, as such, is entitled to the heat and utility expense of [REDACTED]. Based upon Petitioner's rent expense and heat and utility standard, he was entitled to an excess shelter deduction of [REDACTED]. When the [REDACTED] shelter deduction is subtracted from Petitioner's adjusted gross income, his net income amount is [REDACTED].

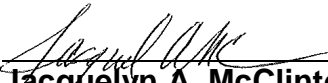
On [REDACTED], the Department sent Petitioner a Notice of Case Action, which notified him that his FAP benefits had been decreased to [REDACTED] effective [REDACTED]. Based on the information available to the Department, and based upon a net income of [REDACTED], it properly determined that Petitioner was entitled to a FAP benefit amount of [REDACTED] per month. RFT 260 (October 2016), p. 8.

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 that Petitioner was eligible for FAP benefits in the amount of [REDACTED] per month effective [REDACTED].

DECISION AND ORDER

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

JAM/tlf



Jacquelyn A. McClinton
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

Via Email:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Petitioner – Via First-Class Mail:

[REDACTED]
[REDACTED]
[REDACTED]