

**STATE OF MICHIGAN**  
**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES**  
**ADMINISTRATIVE HEARINGS FOR THE**  
**DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2009-31174  
Issue No.: 2001  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date: October 27, 2010  
Macomb County DHS (12)

**ADMINISTRATIVE LAW JUDGE:** Colleen M. Mamelka

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a hearing was held in Clinton Township, Michigan on Wednesday, October 27, 2010. The Claimant appeared, along with [REDACTED] and [REDACTED], and testified. The Claimant was represented by [REDACTED] of [REDACTED]. [REDACTED] appeared on behalf of the Department. [REDACTED] observed the proceedings.

**ISSUE**

Whether the Department properly terminated the Claimant's Adult Medical Program ("AMP") benefits?

**FINDINGS OF FACT**

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

1. The Claimant was an AMP recipient.
2. On June 24, 2009, the Department sent a Notice of Case Action to the Claimant informing him that his AMP benefits were scheduled for closure effective July 8, 2009 due to excess income.
3. On June 30, 2009, the Claimant submitted a written request for hearing.
4. On June 15, 2010, a Facility Admission Notice for the Claimant was received by the Department. (Exhibit 1)

5. The Medical Review Team (“MRT”) found the Claimant not disabled.
6. On July 20, 2010, the Department notified the Claimant and Authorized Representative (“AR”) of the Medical Review Team’s (“MRT”) denial. (Exhibit 2)
7. The Claimant informed the AR that he had received a Notice of Hearing, believing it was for the MRT denial.
8. On September 27, 2010, the AR sent an email to Lansing requesting that the scheduled October 5, 2010 hearing be adjourned for an in-person hearing. (Exhibit 3)
9. The AR also sent a Notice of Appointment and Appearance. (Exhibit 3)

### **CONCLUSIONS OF LAW**

The Adult Medical Program (“AMP”) is established by Title XXI of the Social Security Act; (1115)(a)(1) of the Social Security Act, and is administered by the Department of Human Services (formerly known as the Family Independence Agency) pursuant to MCL 400.10 *et seq.* Department policies are contained in the Bridges Administrative Manual (“BAM”), the Bridges Eligibility Manual (“BEM”), and the Bridges Reference Manual (“BRM”).

The Department determines a client’s eligibility for program benefits based on the client’s actual income and/or prospective income. BEM 500 All countable earned and unearned income available to the client must be considered in determining the Claimant’s eligibility for program benefits. *Id.* In June 2009 (date of negative action), the monthly AMP income limit for an individual living independently (not in foster care, treatment center, hospital, long-term care, or home for the aged) is (was) \$316.00. RFT 236 In order to determine an individual’s net income for AMP purposes, \$200.00 is deducted from the client’s gross earnings. BEM 640 Next, an additional 20% is deducted from the amount. BEM 640 The net income figure is then compared with the AMP monthly income limit to determine eligibility. *Id.*

In this case, the Claimant who is mentally impaired submitted an application for public assistance seeking Medical Assistance benefits based on disability (“MA-P”). Previously, the Department notified the Claimant that his AMP benefits were scheduled for closure due to excess income. The Claimant requested a hearing regarding the AMP closure. The Claimant, during the pre-hearing conference, agreed he had excess income but did not sign a withdrawal. Subsequently, an AR was appointed whereby the Claimant informed the AR of the upcoming hearing. The Claimant’s MA-P benefits were denied on July 20, 2010. Based on the information provided to the AR by the Claimant,

2009-31174/CMM

the AR (within 90 days of the denial) contacted Lansing via email requesting the hearing be adjourned for an in-person hearing. The request was granted.

During the hearing, the parties realized that the hearing was for the AMP termination, not the MRT denial. The AMP benefits were terminated due to the Claimant's income from employment exceeded the program's limit. In review of the AMP denial, it is found that the Department acted in accordance with policy when it terminated the Claimant's AMP benefits.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds the Department established it acted in accordance with department policy when it terminated the Claimant's AMP benefits due to excess income.

Accordingly, it is ORDERED:

The Department's AMP termination is AFFIRMED.

*Colleen M. Mamelka*

---

Colleen M. Mamelka  
Administrative Law Judge  
For Ismael Ahmed, Director  
Department of Human Services

Date Signed: 11/03/2010

Date Mailed: 11/03/2010

**NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.**

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

CMM/jlg

2009-31174/CMM

cc:

