

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

IN THE MATTER:

[REDACTED]

Reg No. 200913495  
Issue No. 2001  
Case No. [REDACTED]  
Load No. [REDACTED]  
Hearing Date: September 21, 2010  
Macomb County DHS

**ADMINISTRATIVE LAW JUDGE:** Jana A. Bachman

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on September 21, 2010.

**ISSUE**

Whether the Department of Human Services (department) acted in compliance with department policy when it determined 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. During July 2008, claimant was a recipient of AMP benefits. His assistance was due for review.
2. On his review application, claimant reported weekly earnings of [REDACTED]. Department Exhibit A, pg 4.
3. On or about July 2008, the department prepared an AMP budget. Claimant's countable income was [REDACTED] consisting of his

earnings. [REDACTED] of his earnings were disregarded, leaving countable AMP earnings of [REDACTED]. Claimant had excess income to qualify for AMP. Department Exhibit A, pgs 7-8.

### **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 (DHS or department) pursuant to MCL 400.10, *et seq.* Department policies are contained in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

Count gross wages except as explained in this item for:

“EIC”

“Flexible Benefits”

“Strikers”

“Student’s Earnings”

PROGRAM ELIGIBILITY MANUAL (PEM) 500

1115 (a) (1) of the Social Security Act

Income eligibility exists when the program group’s **net** income does not exceed the program group’s AMP income limit.

**Income Limit.** The AMP income limits are in PRT 236. When the client’s living arrangement changes during a month, use the living arrangement with the higher income limit.

### **COUNTABLE INCOME**

#### **AMP-H**

Use only countable income. Countable income is income remaining after applying AMP policy in PEM 500.

### **AVAILABLE INCOME**

#### **AMP-H**

Use only available income. Available means income which is received or can reasonably be anticipated. Available income includes amounts **garnisheed from income, joint income, and income received on behalf of a person by his representative.**

**Individual Deduction.** Deduct \$200 from a program group member’s gross earnings. Then deduct 20% of the person’s remaining gross earnings. The total disregard cannot exceed the person’s gross earnings.

Program Eligibility Manual (PEM) 640  
Title XXI of the Social Security Act  
(1115)(a)(1) of the Social Security Act

**JOINT POLICY DEVELOPMENT**

*Medicaid, Adult Medical Program (AMP) also known as Adult Benefit Waiver (ABW), Transitional Medical Assistance (TMA/TMA-Plus), and Maternity Outpatient Medical Services (MOMS) policy has been developed jointly by the Department of Community Health (DCH) and the Department of Human Services (DHS).*

When determining eligibility for AMP, all income that is not excluded must be included when determining eligibility. Income from earnings are not excluded and must be counted. A standard [REDACTED] + 20% of earned income is disregarded. Department manuals establish a standard maximum allowable income to qualify for AMP. A household of one has a maximum countable income of [REDACTED] (Program Reference Table (PRT) 236). Claimant's countable income after all allowable deductions and disregards [REDACTED]. Claimant has excess income to qualify for AMP. Finding of Fact 1-3. As such, the department has met its burden of proof and its action must be upheld.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the Department of Human Services acted in compliance with department policy when it determined claimant's Adult Medical Program eligibility.

Accordingly, the department's action is, hereby, UPHELD.

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/S/  
Jana A. Bachman  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: December 15, 2010

Date Mailed: December 20, 2010

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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 receipt 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.

JAB/db

cc:

