STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

Claimant

Reg. No.: 2010-10515 Issue No.: 2001 Case No.: Load No.: Hearing Date: June 16, 2010 Wayne County DHS (49)

ADMINISTRATIVE LAW JUDGE: Linda Steadley Schwarb

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 hearing was held on

June 16, 2010. Claimant appeared and testified.

<u>ISSUE</u>

Did the Department of Human Services (DHS or department) properly terminate

claimant's Adult Medical Program (AMP) case based upon excess income?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial

evidence on the whole record, finds as material fact:

- 1) Claimant was a recipient of AMP benefits in a group of one.
- At all times relevant to this matter, claimant was an adult home health care provider who earned \$647 per month in gross income. (Department Exhibit #1.)

- 3) After applying a \$200 plus 20% earned income deduction, the department determined that claimant had net earned income of \$357.60 per month.
- 4) The AMP monthly income limit for an individual is \$316. (Department Exhibit #3.)
- The department determined that claimant had excess income for purposes of ongoing AMP eligibility. (Department Exhibit #2.)
- 6) On October 24, 2009, the department notified claimant that it intended to terminate her AMP program benefits based upon excess income.
- On November 3, 2009, claimant filed a hearing request to protest the department's determination.
- 8) On November 30, 2009, claimant's AMP case closed.

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).

Relevant departmental policy in this matter is as follows:

AMP Group Composition

... eligibility determination group (EDG) consists of either a single adult or adult and spouse living together. BEM Item 214, p. 1.

Adult Medical Program

Income eligibility exists when the program group's net income does not exceed the program group's AMP income limit... The AMP income limits are in RST 236. BEM Item 640, p. 1.

AMP Monthly Income Limits (By Living Arrangement)		
Living Arrangement		Amount
Independent living	Individual	\$316
	-	RFT 236.

In this case, at all times relevant to this matter, claimant earned \$647 per month in gross monthly income. The department properly applied the earned income deduction and determined that claimant's net earned income was \$357.60 per month. The income limit for AMP for an individual is \$316. (RFT Item 236, p.1.) Accordingly, the department correctly determined that claimant, for purposes of AMP, had income which exceeded the AMP limit. Thus, the department's determination in this matter must be affirmed.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department of Human Services properly determined that claimant had excess income for purpose of the Adult Medical Program.

Accordingly, the department's determination in this matter is hereby affirmed.

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Linda Steadley Schwarb Administrative Law Judge for Ismael Ahmed, Director Department of Human Services

Date Signed: June 21, 2010

Date Mailed: June 21, 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.

LSS/pf

