

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. 20109221
Issue No. 2001
Case No. [REDACTED]
Load No. [REDACTED]
Hearing Date: July 20, 2010
Delta County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

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 telephone hearing was held on July 20, 2010. The claimant appeared and testified.

ISSUE

Did the department of Human Services (the department) properly deny claimant's application for the Adult Medical Program (AMP)?

FINDINGS OF FACT

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

- (1) On May 28, 2009, claimant applied for Medical Assistance benefits.
- (2) A budget was completed using claimant's income and assets.
- (3) In May the department determined that claimant had \$ [REDACTED] per month from [REDACTED] and [REDACTED] which put him over the limit for the Adult Medical Program.
- (4) For the month of June, the department determined that claimant was receiving unemployment compensation benefits which also put him over the limit for the Adult Medical Program.
- (5) On June 22, 2009, the department caseworker sent claimant notice that his application was denied due to excess income.

- (6) On September 22, 2009, claimant filed a request for a hearing to contest the department's negative action.

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 Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

Based upon claimant's age and the fact that he has no minor children in the home and he is not considered disabled, the Adult Medical Program (AMP) is the only form of Medical Assistance (MA) available through the department of Human Services. Even if the enrollment period were open, claimant was receiving unemployment compensation benefits and exceeded the level for the program. Program Reference Manual, RFT, Item 236, indicates that a person in claimant's circumstances has an income limit of \$ [REDACTED] per month for purposes of AMP eligibility. The Adult Medical Program (department exhibits 1-6) indicates that claimant was receiving \$ [REDACTED] per month in unemployment compensation benefits. Claimant was paying \$ [REDACTED] in child support which reduced his income to \$ [REDACTED] in net income. The AMP income limit is \$ [REDACTED] and therefore, claimant had excess income for purposes of the Adult Medical Program eligibility because he had a monthly net income in the amount of \$ [REDACTED] (department exhibit 6).

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it denied claimant's continued application for the Adult Medical Program because claimant had excess income for purposes of the Adult Medical Program.

Accordingly, the department's decision is AFFIRMED.

20109221/LYL

/s/

Landis Y. Lain
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: July 23, 2010

Date Mailed: July 26, 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.

LYL/alc

cc:

