

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED],

Claimant

Reg No: 2010185
Issue No: 3000, 2001
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
November 5, 2009
Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Jeanne M. VanderHeide

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 hearing submitted on October 1, 2009. After due notice, a telephone hearing was conducted in Wayne County, Michigan on November 5, 2009. The Claimant was present and testified. Nati Campost, FIM and Juanita Gary, ES appeared on behalf of the Department.

ISSUE

Whether the Department properly calculated Claimant's Food Assistance Program ("FAP") benefits?

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

FINDINGS OF FACT

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

1. Claimant was an active FAP and AMP recipient who was up for annual review.
2. A SOLQ report revealed that Claimant was receiving \$1006.00 per month for RSDI benefits. (Exhibit 1, pp. 1-3).
3. NEW FAP and AMP budgets were calculated. (Exhibit 1, pp. 4-8).
4. As a result Claimant's FAP benefits were reduced to \$16.00 per month and Claimant was found to be over income for AMP. (Exhibit 1, p. 9-10).
5. The Department acknowledged that it failed to remove an additional \$200 in unearned income from the budget.
6. The Department acknowledged that Claimant has additional incurred medical expenses that can be included in the FAP budget.
7. The Department further did not include a telephone expense in Claimant's shelter obligation.
8. At the hearing, the Department agreed to recalculate FAP benefits to include removal of the extra \$200 in unearned income and incurred medical expenses.
9. As a result of this agreement, Claimant indicated that he no longer wished to proceed with a hearing regarding the FAP benefits.

CONCLUSIONS OF LAW

A. FAP

The Food Assistance Program (FAP) (formerly known as the Food Stamp (FS) program) is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the FAP program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3001-3015. Department policies are

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

Under Program Administrative Manual Item 600, clients have the right to contest any agency decision affecting eligibility or benefit levels whenever they believe the decision is illegal. The agency provides an Administrative Hearing to review the decision and determine if it is appropriate. Agency policy includes procedures to meet the minimal requirements for a fair hearing. Efforts to clarify and resolve the client's concerns start when the agency receives a hearing request and continues through the day of the hearing.

In the present case, the department has agreed to reconsider Claimant's FAP review and recalculate FAP benefits including Claimant's incurred medical expenses and removing the extra \$200 unearned income from the budget. Claimant has agreed to provide proof of his incurred medical expenses. As a result of this agreement, Claimant indicated he no longer wished to proceed with the hearing. Since the Claimant and the Department have come to an agreement it is unnecessary for this Administrative Law Judge to make a decision regarding the facts and issues in this case.

B. AMP

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).

The Adult Medical Program (AMP) is available to individuals who meet all the eligibility factors. PEM 640. The program group's countable assets cannot exceed the AMP asset limit in

PEM 400. Income eligibility exists when the program's net income does not exceed the program group's AMP income limit. PEM 640, p. 3, RFT 236. Countable income is income remaining after applying AMP policy in PEM 500. Id. Use only available income. Available means income which is received or can reasonably be anticipated. For average income received in one month which is intended to cover several months, the Department is instructed to divide the income by the number of months it covers to determine the monthly available income. The average amount is considered available in each of the months. PEM 640, p. 4.

The monthly income limit in October of 2009 for an AMP group of one living independently was \$316.00 per month. PEM 640, RFT 236. In the present case, the Claimant has \$1006.00 per month in unearned income from RSDI. Therefore, he is over the income limit for the AMP program. Claimant is consequently ineligible to receive Medical Assistance through the AMP program.

The undersigned finds that the Department has acted in accordance with department policy and law in denying Claimant AMP benefits as Claimant was over income.

DECISION AND ORDER

The Administrative Law Judge, based upon the findings of fact and conclusions of law, finds that the Department and Claimant have come to a settlement regarding claimant's request for a hearing.

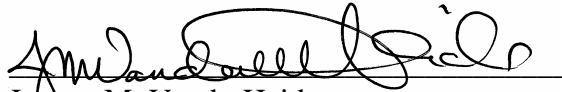
Accordingly, it is ORDERED:

1. The department shall review and recalculate Claimant's FAP benefits from 10/1/09 through the present including Claimant's incurred medical expenses and telephone expense and omitting the extra \$200 in unearned income in accordance with this settlement agreement.
2. The Claimant shall provide the Department with verification of his incurred medical expenses within 14 days.

3. The Department shall supplement the Claimant for any lost benefits he was otherwise entitled to receive.

Furthermore, the Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department acted in accordance with department policy when it denied Claimant AMP benefits.

Accordingly, it is ORDERED that the Department's determination is AFFIRMED.



Jeanne M. VanderHeide
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 11/23/09

Date Mailed: 12/04/09

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.

JV/dj

cc:

