

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES


ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

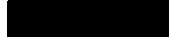
IN THE MATTER OF:



Reg. No: 201049350

Issue No: 2001

Case No: 

Load No: 

Hearing Date:

December 7, 2010

Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

**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 received on April 7, 2010. After due notice, a telephone hearing was held on December 7, 2010. Claimant personally appeared and provided testimony.

**ISSUE**

Did the department properly deny Claimant's Adult Medical Program (AMP) application because she had comprehensive health insurance?

**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 February 26, 2010, the department denied Claimant's AMP benefits because Claimant was covered under Blue Cross/Blue Shield insurance. (Department Exhibit 1).
2. Claimant requested a hearing on April 7, 2010, protesting the denial of AMP benefits (Request for a Hearing).

**CONCLUSIONS OF LAW**

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R

400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his claim for assistance is denied. MAC R 400.903(1). An opportunity for a hearing shall be granted to an applicant who requests a hearing because of a denial. MAC R 400.903(2)

Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. BAM 600. The department will provide an administrative hearing to review the decision and determine the appropriateness. BAM 600.

The department testified that their interface showed Claimant had Blue Cross/Blue Shield health insurance. A person who has private health care coverage is not eligible for AMP. Health care coverage includes comprehensive health insurance (see PRG) and enrollment in a medical care plan such as a health maintenance organization (HMO). BEM 640.

Claimant testified that she had catastrophic health insurance through Blue Cross/Blue Shield which only covered emergency room visits. Claimant stated her catastrophic insurance does not cover doctor visits or prescriptions.

The department defines health insurance as an insurance policy that pays money because the insured person has a medical expense. Long term care insurance is considered health insurance. It does not matter if the money will be paid to the insured person or to the provider of the medical service (e.g., nursing home).

Comprehensive health insurance covers at a minimum, inpatient and outpatient hospital services, laboratory, x-rays, pharmacy and physician services. The following are not health insurance:

- An insurance policy which pays a flat rate without regard to actual charges or expenses (sick and accident Insurance).
- An insurance policy which pays just because a person is unable to work (e.g., State Employee's Long-Term Disability and Income Protection Benefit Plan).
- Automobile insurance, even though it may cover medical expenses.

The department did not provide any evidence that Claimant had comprehensive health insurance and relied only on the MMS interface that Claimant had Blue Cross/Blue Shield insurance. Claimant does not deny having Blue Cross/Blue Shield insurance, but states it is not comprehensive insurance, but catastrophic insurance.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the denial of AMP was not established.

Accordingly, the department's AMP action is **REVERSED**. The department shall:

1. Issue Claimant a Verification Checklist (DHS 3503), requesting that Claimant bring in proof of health insurance within 10 days that shows what type of insurance Claimant has and what the insurance covers.
2. Upon receipt of the health insurance, the department is to review it and reprocess Claimant's February 2010 AMP application in accordance with department policy.
3. Issue any retroactive AMP benefits Claimant is otherwise eligible to receive.

SO ORDERED.

/s/  
Vicki L. Armstrong  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: December 20, 2010

Date Mailed: December 20, 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 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.

VLA 

cc: 