

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:



Reg. No: 201128887
Issue No: 2001
Case No: [REDACTED]
Hearing Date: June 1, 2011
Manistee County DHS

ADMINISTRATIVE LAW JUDGE: Kandra Robbins

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, 7 CFR 273.16, MAC R 400.3130, and MAC R 400.3178 upon the Claimant's request for hearing. After due notice, a [telephone](#) conference hearing was held on [June 1, 2011](#). The claimant was present and testified.

ISSUE

1. Did the Department properly determine claimant's eligibility for Adult Medical Program (AMP)?

FINDINGS OF FACT

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

1. The claimant was receiving AMP benefits.
2. The Bridges System completed an automatic wage match with the Unemployment Compensation.
3. It was determined that the claimant's unemployment compensation was [REDACTED] per month. (Department Exhibit 1, pgs 3-5).
4. The claimant's income exceeded the income limits for the AMP. The claimant was sent notice that his AMP case was being closed as of April 1, 2011.
5. On April 8, 2011, the Department received the claimant's Request for Hearing DHS 1605 protesting the Department's determination of his AMP eligibility.

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 - .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 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 found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), Reference Table Manual (RFT), State Emergency Relief Manual (ERM) and the Bridges Reference Manual (BRM). Department policy states:

BEM 640 DEPARTMENT POLICY

DETERMINE IF AN ENROLLMENT FREEZE IS IN EFFECT

BEFORE CONSIDERING ELIGIBILITY FOR THIS PROGRAM.

AMP Only

The Adult Medical Program (AMP) is available to individuals who meet all the eligibility factors in this item. Certain aliens are limited to coverage of emergency services (ESO).

ENROLLMENT FREEZE

INSTRUCTIONS

Specialists must send or give the client a DHS-283, Adult Medical Program Eligibility Notice to inform them of the freeze.

Applications received during the freeze on AMP enrollments must be registered and denied using “applicant did not meet other eligibility requirements” as the denial reason.

ELIGIBILITY FOR OTHER MEDICAL

PROGRAMS AMP-H and AMP-G

Consider eligibility for Medical Assistance (MA), Medical Aid for refugees before authorizing AMP coverage. Clients eligible for MA or other DHS medical benefits are not eligible for AMP. Exceptions:

- AMP should be approved in cases where determination of disability or blindness is delayed.
- Clients clearly not eligible for any other medical assistance programs do not have to apply for them.
- There are MA categories for clients who are:
 - Age 65 or older, blind, or disabled.
 - Pregnant or recently pregnant.
 - Caretaker relatives of dependent children.
 - Under age 21.
 - Refugees.

CATEGORIES

There are two categories of AMP.

- G program (AMP-G) - SDA cash payment recipients are eligible for AMP when they:
 - Are not eligible for MA (see “Exceptions” on page 1) or other Department medical programs, and
 - Do not have private health care coverage (see “Private Health Coverage” below), and
 - There is not an enrollment freeze in effect in the month of application.
- H program (AMP-H) - Clients receive medical benefits only. Clients must meet all eligibility factors in this item.

NONFINANCIAL ELIGIBILITY

FACTORS AMP-H

Private Health Care Coverage 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). Medicare is considered health insurance for AMP purposes. Persons whose coverage is limited to dental and/or vision coverage are eligible for AMP. Note: The Indian Health Service and VA health benefits are not private health care coverage.

Other Nonfinancial Eligibility Factors

The AMP eligibility factors in the following items must be met:

- BEM 220, Residence.
- BEM 221, Identity.
- BEM 223, Social Security Numbers.
- BEM 225, Citizenship/Alien Status.
- BEM 240, Age.
- BEM 256, Spousal/Parental Support.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.
- BEM 270, Pursuit of Benefits.

Follow the SDA application process and other administrative policies unless otherwise instructed in specific items or sections.

FINANCIAL ELIGIBILITY FACTORS AMP-H

Group Use AMP policy in BEM 214.

Assets determine countable assets based on AMP policy in BEM 400.

The program group's countable assets cannot exceed the AMP asset limit in BEM 400.

Income Eligibility Application

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 RFT 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 BEM 500, 501, 502, 503, 504.

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. See BEM 500 for details.

EXTRA CHECK AMP-H

Do not budget income that results from an extra check (e.g., 5th check for a person who is paid weekly).

AVERAGED INCOME AMP-H

Average income received in one month which is intended to cover several months. 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.

BUDGET MONTH INCOME AMP-H

Past Month Non-averaged income: Use amount actually received in the past month. Do not budget an "EXTRA CHECK."

Averaged income:

Use the monthly average amount if this month is one of the months used to compute the average. Processing Month Non-averaged income: At application, use amounts already received in the processing month. In addition, estimate amounts likely to be received during the remainder of the month. Base these estimated amounts on information provided by the client.

Do not budget an "EXTRA CHECK."

Averaged income:

Use the monthly average amount if this month is one of the months used to compute the average. Future Month Non-averaged income: Use amounts that will be, or are likely to be, received in the future month.

Exceptions:

- Do not budget an extra check (e.g., fifth check for person paid weekly).

- Base estimate of daily income (e.g., insurance pays \$40 for every day in hospital) on a 30-day month.
- When the amount of income from a source changes from month to month, estimate the amount that will be received in the future month.

Income Deductions

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.

Group Deduction

Deduct the amount of court-ordered support paid by program group members in the month being tested from the program group's remaining income. The deduction can be no greater than the amount ordered for the month. Do not deduct arrearage payments.

In this case, the claimant submitted an application for AMP. At the time, he had been employed and had not yet begun to receive unemployment compensation. He qualified as a result of the reduction in income. He began receiving unemployment compensation in the amount of [REDACTED] 0 per month. This was his only income. He had a total income of [REDACTED]. The AMP income limits are listed in Reference Table 236. For a single individual, it lists the total income eligibility as [REDACTED]. Therefore, the claimant had excess income.

DECISION AND ORDER

This Administrative Law Judge, based upon the above findings and conclusion of law, decides that the Department properly determined the claimant's eligibility for the AMP program.

It is so ORDERED.

/s/
Kandra Robbins
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: June 1, 2011

Date Mailed: June 2, 2011

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.

KR/ar

cc:

