

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

**IN THE MATTER OF:**

██  
██  
██  
██  
██

Reg. No.: 2012-75775  
Issue No.: 2018  
Case No.: ██████████  
Hearing Date: March 6, 2013  
County: Oakland (03)

**ADMINISTRATIVE LAW JUDGE:** Jan Leventer

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on March 6, 2013, from Detroit, Michigan. The Claimant is deceased.

Participants on behalf of Claimant included ██████████ Participants on behalf of the Department of Human Services (Department) included ██████████ Assistance Payments Supervisor and ██████████ Eligibility Specialist.

On May 14, 2013, the case was reassigned to Administrative Law Judge Jan Leventer for preparation of a decision and order.

**ISSUE**

Did the Department properly  deny Claimant's application  close Claimant's case for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?  | <input type="checkbox"/> Adult Medical Assistance (AMP)?    |
| <input type="checkbox"/> Food Assistance Program (FAP)?      | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> Child Development and Care (CDC)?  |

**FINDINGS OF FACT**

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

1. On February 7, 2012, the Claimant in this case passed away.

2. Claimant's previous Authorized Representative  applied for benefits  received benefits on the decedent's behalf for:
- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP).  | <input type="checkbox"/> Adult Medical Assistance (AMP).    |
| <input type="checkbox"/> Food Assistance Program (FAP).      | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input checked="" type="checkbox"/> Medical Assistance (MA). | <input type="checkbox"/> Child Development and Care (CDC).  |
3. On April 19, 2012, the Department  denied Claimant's application  closed Claimant's case due to a determination that he failed to provide the Department with verification of assets.
4. On April 19, 2012, the Department sent  Claimant  Claimant's Authorized Representative (AR) notice of the  denial.  closure.
5. On August 31, 2012, Claimant's former Authorized Representative filed a hearing request, protesting the  denial of the application.  closure of the case.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

Additionally, the following findings of fact and conclusions of law are entered in this case. The Claimant's date of death is [REDACTED]. Dept. Hearing Summary Packet, September 10, 2012, p. 19. On February 24, 2012, [REDACTED] filed an application on behalf of Claimant. Dept. Revised Hearing Summary Packet, September 25, 2012, p. 26.

The Department's Bridges Administrative Manual (BAM) 110, "Application Filing and Registration," is the Department policy that is applicable in this case. BAM 110 states that when a person dies, any previous authorizations for representation that were created during their lifetime, end. The Department by this policy considers prior authorizations to expire upon death similar to the expiration of other legal designations such as the power of attorney, which expires upon death. Department of Human Services Bridges Administrative Manual (BAM) 110 (2013), pp. 9-10.

Therefore, pursuant to BAM 110, it is found and determined that [REDACTED] did not have the authority to file the February 24, 2012, application on behalf of the decedent. [REDACTED] authority expired on [REDACTED], when the Claimant died. The Department acted correctly in denying the application. *Id.*

Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department

properly denied Claimant's application     improperly denied Claimant's application  
 properly closed Claimant's case             improperly closed Claimant's case

for:     AMP    FIP    FAP    MA    SDA    CDC.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department

did act properly.             did not act properly.

Accordingly, the Department's  AMP  FIP  FAP  MA  SDA  CDC decision is  AFFIRMED  REVERSED for the reasons stated on the record.



**Jan Leventer**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: June 5, 2013

Date Mailed: June 5, 2013

**NOTICE:** Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (60 days for FAP cases)

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that affect the substantial rights of the claimant:
  - failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at  
Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P. O. Box 30639  
Lansing, Michigan 48909-07322

JL/cl

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]