

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

**IN THE MATTER OF:**



Reg. No.: 2013-10627  
Issue No.: 2019  
Case No.:   
Hearing Date: April 18, 2013  
County: Wayne (49)

**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 April 18, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and her Authorized Representative, . Participants on behalf of the Department of Human Services (Department) included , Eligibility Specialist.

**ISSUE**

Due to excess income, did the Department properly  deny the Claimant's application  close Claimant's case  determine Claimant's benefits 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. Claimant  applied for benefits for:  received benefits 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).  |

2. On an unknown date, the Department  denied Claimant's application  closed Claimant's case  approved Claimant's benefits with a Patient Pay Amount (PPA or deductible) of \$485.
3. On October 23, 2012, Claimant or Claimant's AHR filed a hearing request, protesting the  approval of MA benefits with a PPA requirement.  closure of the case.  reduction of benefits.

### **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 (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

Additionally, at the hearing Claimant's Representative asserted that Claimant was receiving MA in the MA Group 2 Senior (G2S) program, and that the Department erred in placing Claimant in the G2S program.

The issue to be decided in this case is whether the Department properly placed Claimant in the Medicaid Group 2 Senior program. The Department's Bridges Administrative Manual (BAM) 166, "Group 2 Aged, Blind and Disabled," sets forth the factors to be considered when assigning a customer to the G2S program. Department of Human Services Bridges Eligibility Manual (BEM) 166 (2010).

Pursuant to BEM 166, G2S is the MA category for customers who are aged, blind or disabled. BEM 166, p. 1. In this case Claimant is blind and receives Retirement, Survivors and Disability Income (RSDI) from the U.S. Social Security Administration. Having considered this evidence and all of the evidence in this case as a whole, it is found and determined that the Department correctly placed Claimant in the MA G2S benefit program. *Id.*

The Claimant's Representative argues that Claimant should be receiving MA benefits as a Section 503 Individual. The definition of a 503 Individual is found in BEM 155, "503 Individuals." Department of Human Services Bridges Eligibility Manual (BEM) 155 (2010). A 503 Individual is a person who received Supplemental Security Income (SSI) benefits from the U.S. Social Security Administration, *before* they received RSDI. *Id.*

In this case Claimant never received SSI. Accordingly it is found and determined that Claimant is not a 503 Individual and is not qualified to receive benefits as a 503 Individual.

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, due to excess income, the Department  properly  improperly


- denied Claimant's application
- approved Claimant's benefits in the Group 2 Senior program
- 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: April 23, 2013

Date Mailed: April 23, 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/tm

cc:

