

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

IN THE MATTER OF:



Reg. No.: 2013-21214
Issue No.: 2018; 3000; 5000
Case No.: [REDACTED]
Hearing Date: February 20, 2013
County: Wayne (18)

ADMINISTRATIVE LAW JUDGE: Susan C. Burke

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 February 20, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], AP Supervisor and [REDACTED], ES.

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. Claimant applied for benefits 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 December 18, 2012, the Department
 denied Claimant's application closed Claimant's case
due to the Adult Medical Program not being open for enrollment and due to Claimant
was not blind, disabled, pregnant, parent/caretaker relative of a dependent child or
meeting age requirements.
3. Claimant did not claim in his application for MA that he was blind, disabled,
parent/caretaker relative of a dependent child or that he met age requirements.
4. On December 18, 2012, the Department sent
 Claimant Claimant's Authorized Representative (AR)
notice of the denial. closure.
5. On January 2, 2013, Claimant filed a hearing request, protesting the
 denial of the application. closure of the case. Claimant also requested a
hearing regarding the Food Assistance Program (FAP) and State Emergency Relief
(SER), but at the hearing Claimant stated that he no longer requested a hearing
regarding these programs.

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.

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.

BEM 640, p.1

In the present case, Claimant applied for MA, but did not indicate on his application that he was blind, disabled, pregnant, parent/caretaker relative of a dependent child or met age requirements. In addition, the Adult Medical Program was not open for applications at the time Claimant filed an application. The Department was therefore correct in denying Claimant's MA application.

It is noted that Claimant stated at the hearing that he feels he is prevented by his health condition from working certain jobs. Claimant may apply for MA based on disability, with the assistance of the Department.

It is also noted that Claimant requested a hearing for FAP and SER, but at the hearing, he stated that he no longer requested a hearing regarding those issues.

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

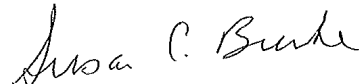
for: AMP FIP FAP MA SDA CDC.

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.

It is further ORDERED that Claimant's requests for hearing regarding FAP and SER are DISMISSED pursuant to Claimant's request at the hearing.



Susan C. Burke
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: February 20, 2013

Date Mailed: February 21, 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 mailing 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 effect the substantial rights of the claimant:
 - the 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

SCB/tm

cc:

