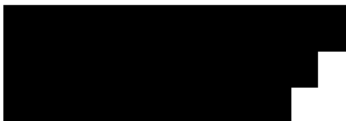


STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No.: 201345781
Issue No.: 2001; 3002
Case No.: [REDACTED]
Hearing Date: June 11, 2013
County: Oakland (04)

ADMINISTRATIVE LAW JUDGE: C. Adam Purnell

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 June 11, 2013 from Lansing, Michigan. Claimant personally appeared and provided testimony. Participants on behalf of Department of Human Services (Department) included [REDACTED] (Eligibility Specialist).

ISSUES

- i. Did the Department properly determine Claimant's Food Assistance Program (FAP) benefits?
- ii. Did the Department properly determine Claimant's Medical Assistance (MA) eligibility?

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 was active for FAP.
2. Claimant applied for MA benefits on April 8, 2013.
3. On April 30, 2013, the Department mailed Claimant a Notice of Case Action (DHS-1605) which approved Claimant for the Adult Medical Program (AMP) and indicated: "you do not qualify for any other type of Medicaid because you are not aged, blind or disabled." This DHS-1605 indicated that Claimant had excess income for AMP. The DHS-1605 also noted that Claimant's FAP was decreased due to a change in income.

4. On May 6, 2013, Claimant filed a hearing request because she believes she should be eligible for a Medicaid spend-down or deductible and she disputes the FAP reduction.

CONCLUSIONS OF LAW

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

There are two programs in dispute in the instant matter: the Food Assistance Program (FAP) and the Medical Assistance (MA) program. Both programs and their applicable policies are summarized below.

The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) program] is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1997 AACSR 400.3001-3015.

For FAP, a non-categorically eligible Senior/Disabled/Veteran (SDV) FAP group must have income below the net income limits. BEM 550. A non-categorically eligible, non-SDV FAP group must have income below the gross and net income limits. BEM 550. Reference Table (RFT) 250 determines the monthly income limits for FAP based on household group size.

Claimant had a group size of 1 at all times. Claimant disputes the Department's calculation of her \$101.00 FAP allotment for May 2013. She received a paycheck from her employer ([REDACTED]) but was later suspended from her job. Claimant mistakenly believed that her last paycheck from [REDACTED] would be on April 26, 2013, but Claimant received an additional paycheck which was budgeted. This additional paycheck resulted in a monthly gross income of \$1,160.00, which was reduced to a monthly net income of \$329.00. Claimant believed that since she lost her job and did not expect to receive additional paychecks, her monthly FAP should be more than \$101.00. But according to the RFT 255 FAP issuance tables and based on Claimant's monthly net income, her monthly FAP is properly \$101.00.

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.

The MA program is also referred to as "Medicaid." BEM 105. The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. BEM 105. The Medicaid program is comprised of several sub-programs or categories. One category is FIP recipients. BEM 105. Another category is SSI recipients. BEM 105. There are several other categories for persons not receiving FIP or SSI. BEM 105. However, the eligibility factors for these categories are based on (related to) the eligibility factors in either the FIP or SSI

program. BEM 105. Therefore, these categories are referred to as either FIP-related or SSI-related. BEM 105.

To receive Medicaid under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant women, receive Medicaid under FIP-related categories. For MA only, a client and the client's community spouse have the right to request a hearing on an initial asset assessment only if an application has actually been filed for the client. BAM 105. Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. BEM 105.

The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq.* Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT). Income eligibility exists when the program group's net income does not exceed the program group's AMP income limit. BEM 640. The AMP income limits are in RFT 236.

Testimony and other evidence must be weighed and considered according to its reasonableness. *Gardiner v Courtright*, 165 Mich 54, 62; 130 NW 322 (1911); *Dep't of Community Health v Risch*, 274 Mich App 365, 372; 733 NW2d 403 (2007). The weight and credibility of this evidence is generally for the fact-finder to determine. *Dep't of Community Health*, 274 Mich App at 372; *People v Terry*, 224 Mich App 447, 452; 569 NW2d 641 (1997). Moreover, it is for the fact-finder to gauge the demeanor and veracity of the witnesses who appear before him, as best he is able. See, e.g., *Caldwell v Fox*, 394 Mich 401, 407; 231 NW2d 46 (1975); *Zeeland Farm Services, Inc v JBL Enterprises, Inc*, 219 Mich App 190, 195; 555 NW2d 733 (1996).

Claimant was not eligible for MA because she admittedly is not blind, disabled or aged. Accordingly, Claimant is not eligible for a Medicaid deductible. In addition, the Department then looked to see whether Claimant was eligible for AMP. According to RFT 236, AMP monthly income limits are determined by a client's living arrangement. For a client living independently, the individual monthly income limit is \$316. RFT 236. Before Claimant's additional paycheck, she met the income eligibility for AMP in April 2012. But the inclusion of Claimant's monthly income for May 2013 (\$703.00 adjusted) brought her over the \$336.00 limit for AMP income eligibility.

This Administrative Law Judge has carefully considered and weighed the testimony and other evidence in the record. Based on the substantial, material and competent evidence, this Administrative Law Judge finds that the Department's decision regarding Claimant's MA/AMP eligibility was proper. This Administrative Law Judge also finds that the Department's decision to reduce Claimant's monthly FAP to \$101.00 for May 2013 was proper.

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 acted properly when it determined Claimant's FAP benefits for May 2013 and when it determined Claimant's MA/AMP eligibility.

Accordingly, the Department's MA/AMP and FAP decisions are **AFFIRMED**.

IT IS SO ORDERED.

/s/ _____
C. Adam Purnell
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: June 17, 2013

Date Mailed: June 17, 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.

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.

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

201345781/CAP

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

CAP/aca

cc:

