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

# IN THE MATTER OF:



Reg. No.: Issue No.: Case No.: Hearing Date: County:

2013-64824 2021 October 24, 2013

Macomb #12

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

# HEARING DECISION

Following Claimant's r equest for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CF R 431.200 to 431.250; 45 CFR 99. 1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on Thur sday, October 24, 2013, from Lansing, Michigan. Participants on behalf of Claim ant included the Claimant, and his Sister, Guardian, and Authorized Repres entative, Participants on behalf of the Department of Human Services (Department) included ES.

### ISSUE

Due to excess assets, did the Department properly  $\Box$  deny Claimant's application  $\boxtimes$  close Claimant's case for:

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Family Independence Program (FIP)?

- Food Assistance Program (FAP)? Medical Assistance (MA)?
- Adult Medical Assistance (AMP)? State Disability Assistance (SDA)? State Emergency Relief (SER)?

# FINDINGS OF FACT

The Administrative Law Judge, based on t he competent, material, and substantial evidence on the whole record, i ncluding the test imony at the hearing, finds as material fact:

1. Cla i	imant 🗌	applied	for 🛛 re	eceived:		
- F	FIP	FAP	$\boxtimes$ MA	AMP	SDA	SER
benefits.						

- Due to excess assets, on August 12, 2013, the Department 2. denied Claimant's application. 🛛 closed Claimant's case.
- 3. On Augus t 12, 2013, the Department sent Claimant/Claimant's Auth orized Representative (AR) its decision.

4. On August 19, 2013, Claimant /Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

# CONCLUSIONS OF LAW

Department polic ies are foun d in the Department of Human Servic es Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), D epartment of Human Servic es Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and W ork Opportunity Reconc iliation Act of 1996, PL 104-193, and 42 USC 601 to 679c. The Depart tment (formerly known as the Family Independence Agency) administers FIP pursuant to MC L 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.

☐ The Food Assistance Program (FAP) [fo rmerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as ame nded, 7 USC 2011 to 2036a and is implemented by the federal r egulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Fam ily Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ial Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

Additionally, the Claimant was a recipient of MA. The Claimant's MA case closed due to excess assets and the MA Savings program due to excess income on August 12, 2013. Department Exhibit 4-7. The Claimant was the recipient of a life ins urance p olicy. Department 8-15. However, the policy had the wrong name of Claimant's name was control of the policy had the wrong name of the second but the Claimant's name was control of the Claimant to the income cannot be counted against the Claimant because it was an un available asset. The Claimant's sister has taken steps to have the asset put in the Claimant's correct legal name. BAM 600. BEM 400 and 544..

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

acted in accordance with Department policy when it

income was not available to the Claimant.

failed to satisfy its burden of showing that it acted in accordance with Department policy when it

# DECISION AND ORDER

Accordingly, the Department's decision is

AFFIRMED. 

AFFIRMED IN PART with respect to to

AFFIRMED IN PART with respect to and REVERSED IN PART with respect

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WIT H DE PARTMENT P OLICY AND CONSIS TENT WIT H THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. Initiate a redetermination of the Claimant's eligibility for MA retroactive of September 1, 2013, by not counting the asset and income from the life insurance policy until it is in the Claimant's legal name.
- 2. Provide the Claimant and his authorized representative with written notification of the Department's revised eligibility determination.
- 3. Issue the Claimant any re troactive benefits she/he may be eligible to receive, if any.

Carmon S.

**Carmen G. Fahie** Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: November 14, 2013

Date Mailed: November 14, 2013

**NOTICE OF APPEAL:** The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Deci sion and Order or, if a ti mely Request for Rehearing or Reconsideration was made, within 30 days of the receipt d ate of the Decision and Order of Rec onsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the req uest of a p arty within 30 days of the mailing date of this De cision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final deci sion cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

### 2013-64824/CGF

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existe d at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights
  of the client;
- Failure of the ALJ to a ddress in the hearing d ecision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings Reconsideration/Rehearing Request P.O. Box 30639 Lansing, Michigan 48909-07322

CGF/pw

