

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

**IN THE MATTER OF:**

██████████  
██████████  
████████████████████

Reg. No.: 2013 65893  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: October 24, 2013  
County: Wayne (76)

**ADMINISTRATIVE LAW JUDGE:** Lynn M. Ferris

**HEARING DECISION**

Following Claimant's request 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 CFR 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 October 24, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ Assistance Payments Worker, and ██████████ Regulation Agent, Office of Inspector General.

**ISSUE**

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

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

**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  received:  
 FIP    FAP    MA    AMP    SDA    CDC    DSS    SSP  
benefits.

2. On September 1, 2013, the Department  denied Claimant's application  closed Claimant's case due to the AMP program being closed to new enrollment and because the Claimant was not disabled, over 65, or a caretaker of a dependent child. Exhibit 2, 3.
3. On August 20, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
4. On August 23, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

### **CONCLUSIONS OF LAW**

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

The Medical Assistance (MA) program is established by the Title XIX of the Social 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.

The Adult Medical Program (AMP) is established by 42 USC 1315 and is administered by the Department pursuant to MCL 400.10.

Additionally, in this case the issue to be determined was whether the Department correctly denied the Claimant's application for Medical Assistance. The Claimant filed her application on August 13, 2013 requesting medical assistance. The Claimant did not check the box that she was disabled on the application. The Department denied the application because the Adult Medical Program was closed to new enrollments and because the Claimant did not seek medical assistance on the basis that she was blind, disabled or a caretaker of a dependent child. If the Claimant sought medical assistance due to disability, the Claimant was required to advise the Department in her application that she was disabled by checking Item 10, on Page K of the application. Exhibit 3 pp. K.

A review of the application determined that the Claimant did not check Item 10 and thus was not considered for Medical Assistance on the basis of disability. At the hearing the Claimant also confirmed that she was not 65 years of age and that she was not a caretaker of a dependent child.

Based upon the evidence presented, the only program the Claimant might be eligible for based upon the application was the Adult Medical Program which was closed. Thus the

Department correctly determined that the Claimant's application for medical assistance should be denied.

The Claimant may re-apply at any time for Medical Assistance.

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 denied the Claimant's application for medical assistance due to the Adult Medical Program being closed to new enrollment. .

**DECISION AND ORDER**

Accordingly, the Department's decision is

AFFIRMED.



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**Lynn M. Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: November 13, 2013

Date Mailed: November 13, 2013

**NOTICE OF APPEAL:** 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

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

- Newly discovered evidence that existed 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 address in the hearing decision relevant issues raised in the hearing request.

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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

LMF/cl

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