

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

**IN THE MATTER OF:**

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

Reg. No.: 2013 46601  
Issue No.: 2013  
Case No.: ██████████  
Hearing Date: July 25, 2013  
County: Oakland (02)

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

**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 July 25, 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.

**ISSUE**

Due to excess income, did the Department properly  deny the Claimant's application  close Claimant's case  reduce Claimant's benefits for:

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

2. On May 1, 2013, the Department  denied Claimant's application  
 closed Claimant's case  reduced Claimant's benefits  
due to excess income.
3. On May 13, 2013, the Department sent  
 Claimant  Claimant's Authorized Representative (AR)  
notice of the  denial.  closure.  reduction.
4. On May 8, 2013, Claimant or Claimant's AHR filed a hearing request, protesting the  
 denial of the application.  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 Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq.*

Additionally, in this case the issue to be decided is whether the Department correctly included \$450 per month in money given to Claimant as unearned income and whether the Department was required to conduct an ex parte review before closing Claimant's AMP case. Either pursuant to a redetermination or shortly thereafter, the Claimant advised the Department that he had moved to a motel and his rent was \$160 per week based upon a rent verification provided by the Claimant. The Claimant also provided the Department verification that a friend or relative was giving the Claimant \$450 per month to help him as the Claimant's earnings from employment is only \$200 per month.

A review of the AMP budget provided by the Department indicated that it correctly calculated the AMP budget and it properly determined that the AMP case was required to be closed because the Claimant's earned and unearned income for the month being tested was over the AMP limit of \$336. Exhibit 9, RFT 236.

Additionally a review of Department policy was made to determine whether the Department was required to complete an ex parte review prior to the closure of the Claimant's AMP case. It is determined that the Department when closing the AMP was not required to do an ex parte review. BAM 220 (10-1-12). BAM 220 only requires an ex parte review for FIP related Medicaid. AMP is not a FIP related program and thus no determination was required to determine if the Claimant was eligible for medical assistance in any other program. Therefore it is determined that the Department properly closed the Claimant's case. BAM 220 (7-1-13) and BAM 640 (10-1-12)

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

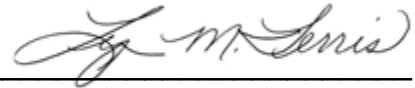
- denied Claimant's application
- reduced Claimant's benefits
- closed Claimant's case

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.



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

Date Signed: August 16, 2013

Date Mailed: August 16, 2013

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

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;

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- Failure of the ALJ to address in the hearing decision 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

LMF/cl

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