

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

IN THE MATTER OF:

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

Reg. No.: 2013-51899
Issue No.: 2001, 2000
Case No.: ██████████
Hearing Date: August 12, 2013
County: Wayne Count DHS-55

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

**DECISION
AND
SETTLEMENT ORDER**

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 August 12, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant, ██████████, and an interpreter, ██████████. Participants on behalf of the Department of Human Services (Department) included Lekeitia Cokley, Assistance Payments Worker.

In this matter a Decision is made regarding the Department's denial of the Claimant's AMP application due to income exceeding the AMP limit.

In addition, during the hearing it was determined that the Department failed to process the Claimant's application to determine whether the Claimant, Fatima Choudhury, is a caretaker for her husband. The Department agreed to settle this issue by reinstating the application for Medical Assistance and processing the application to determine eligibility.

It is also noted, that the request for hearing was filed by Fatima Choudhury regarding the Department's denial of her application for medical assistance.

ISSUE

Whether the Department properly:

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

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 type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> State Emergency Services (SER)? |
| <input checked="" type="checkbox"/> Adult Medical Assistance (AMP)? | |

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent material, and substantial evidence on the whole record, finds as material fact:

1. On April 4, 2013, the Claimant applied for the Adult Medical Program.

2. On May 6, 2013, the Department:

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

under the following program(s):

- FIP FAP MA AMP SDA CDC SER.

3. On May 6, 2013, the Department sent notice to Claimant (or Claimant's Authorized Hearing Representative) of the:

- denial
- closure
- reduction.

4. On June 4, 2013, Claimant filed a Request for Hearing concerning the Department's action denying her application for the Adult Medical Program.

CONCLUSIONS OF LAW

Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), the Reference Tables Manual (RFT), and the State Emergency Relief Manual (ERM).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

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 1999 AC, Rule 400.3001 through Rule 400.3015.

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.

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

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, *et seq.*, and 2000 AACS, Rule 400.3151 through Rule 400.3180.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, the Child Care and Development Block Grant of 1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.

The State Emergency Relief (SER) program is established by 2004 PA 344. The SER program is administered pursuant to MCL 400.10, *et seq.*, and by 1999 AC, Rule 400.7001 through Rule 400.7049. Department policies are found in the State Emergency Relief Manual (ERM).

ADULT MEDICAL PROGRAM DENIAL

Additionally, at the hearing the Department presented a budget that it prepared to determine the Claimant's eligibility for the Adult Medical Program. The Claimant's spouse receives RSDI in the amount of [REDACTED] per month. The amount was confirmed as correct by the Claimant at the hearing. The Department found the Claimant was ineligible due to the fact that the income for the Claimant and her spouse of [REDACTED] exceeded the income limit of for couples set at [REDACTED] and thus determined the Claimant was not eligible for the Adult Medical Program. RFT 236 (6/1/13) and Exhibit 1 and Exhibit 2.

Based upon the evidence presented, it is determined that the Department correctly denied the 4/4/13 application for Medical Assistance for the Adult Medical Program.

SETTLEMENT

The law provides that disposition may be made of a contested case by stipulation or agreed settlement. MCL 24.278(2).

In the present case, Claimant requested a hearing to dispute the Department's action. Soon after commencement of the hearing, the parties testified that they had reached a settlement concerning the disputed action. Consequently, the Department agreed to do the following:

- During the hearing the April 4, 2013, application was reviewed and it was determined that the Department did not process the application to also determine whether the Claimant was eligible for medical assistance on the basis that she is the caretaker for her husband who is disabled.

Based upon this discovery, the Department agreed to do the following:

- The Department agreed to re-register the April 4, 2013, application and to process the application to determine the Claimant, Fatima Choudhury's, eligibility for Medical Assistance as a caretaker of her husband.

As a result of this settlement, Claimant no longer wishes to proceed with the hearing. As such, it is unnecessary for this Administrative Law Judge to render a decision regarding the facts and issues in this case.

DECISION AND ORDER

The Administrative Law Judge concludes that the Department and Claimant have come to a settlement regarding Claimant's request for a hearing.

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 assets, 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.

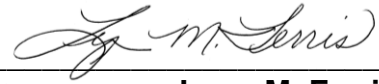
The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department
 did act properly. did not act properly.

Accordingly, the Department's AMP FIP FAP MA SDA decision is **AFFIRMED** REVERSED for the reasons stated on the record.

SETTLEMENT

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING ACTION WITHIN TEN DAYS OF THE MAILING DATE OF THIS ORDER:

1. The Department shall initiate re-registration of the Claimant's April 4, 2013, application for medical assistance, and process the application to determine whether the Claimant is eligible for medical assistance as a caretaker of her spouse.



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

Date Signed: 08/26/2013

Date Mailed: 08/27/2013

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 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.

2013-51899/LF

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

LF/pw

cc:

[REDACTED]
[REDACTED]
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