

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-6964  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: January 13, 2014  
County: Wayne (19)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**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 January 13, 2014, from Detroit, Michigan. Participants included the above-named Claimant, [REDACTED], Claimant's spouse, testified on behalf of Claimant. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Specialist.

**ISSUE**

The issue is whether DHS properly denied Claimant's application alleging disability for the reason that Claimant was an Adult Medical Program (AMP) recipient.

**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 an ongoing AMP recipient.
2. On [REDACTED]/13, DHS received Claimant's application requesting Medical Assistance (MA).
3. Claimant's application alleged that Claimant was disabled.
4. On [REDACTED]/13, DHS denied Claimant's application requesting MA benefits because Claimant already received AMP benefits.

5. On [REDACTED]/13, Claimant requested a hearing to dispute the DHS failure to evaluate Claimant for Medicaid.

### **CONCLUSIONS OF LAW**

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

Claimant requested a hearing to dispute the denial of an MA benefit application. It was not disputed that DHS denied the application because Claimant already received AMP benefits, a type of MA coverage.

Clients may qualify under more than one MA category. BEM 105 (7/2013), p. 2. Federal law gives them the right to the most beneficial category. *Id.* The most beneficial category is the one that results in eligibility or the least amount of excess income. *Id.*

DHS contended that Claimant's AMP eligibility rendered Claimant ineligible to receive Medicaid. DHS policy does not support the DHS contention.

Claimant was an AMP recipient. Claimant's application dated [REDACTED]/13 was submitted for the purpose of making Claimant Medicaid eligible. Claimant's application alleged a disability. Disability is a basis to receive Medicaid (see BAM 105).

DHS policy outlines detailed procedures for evaluating a client's MA benefit eligibility based on a claimed disability. Step one is that the client claims disability. BAM 815 (7/2013), p. 2. Once a client claims disability, DHS is to perform a 26-step procedure which includes requesting medical documentation supporting disability. Rather than performing the lengthy disability evaluation, DHS improperly denied Claimant's application.

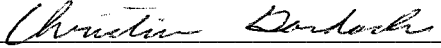
DHS confusingly claimed that Claimant's application was being considered for disability while also contending that the application was properly denied. If DHS is evaluating Claimant's claim of disability, then the application alleging the claim should not have been denied.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS perform the following actions:

- (1) reinstate Claimant's MA application dated [REDACTED]/13; and
- (2) initiate processing of Claimant's application subject to the finding that DHS is to evaluate Claimant for Medicaid based on a claim of disability.

The actions taken by DHS are **REVERSED**.

  
Christian Gardocki  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 1/22/2014

Date Mailed: 1/22/2014

**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.

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

CG/hw

cc:

