

**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.: 2014-29736
Issue No(s): 3000, 2001
Case No.: ██████████
Hearing Date: March 31, 2014
County: Wayne (49)

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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 March 31, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ Eligibility Specialist.

ISSUE

Did the Department properly deny Claimant's application for Medical Assistance (MA) benefits because she failed to meet the criteria for eligibility?

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 MA benefits on January 24, 2014.
2. The Adult Medical Program (AMP) was closed at the time of Claimant's application.
3. On February 14, 2014, the Department sent Claimant a Notice of Case Action notifying her that her application for MA benefits had been denied for failure to meet the criteria for eligibility.
4. On February 21, 2014, Claimant filed a request for hearing disputing 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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

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

FAP

Shortly after commencement of the hearing, Claimant testified that she understands and is satisfied with the actions taken by the Department with respect to her FAP benefits and stated that she no longer had any issues to address with respect to her FAP benefits. Claimant acknowledged that she lives with her husband and is included in his FAP group. Claimant further confirmed that she did not wish to proceed with the hearing concerning her FAP benefits. The Request for Hearing was withdrawn. The Department agreed to the dismissal of the hearing request. Pursuant to the withdrawal of the hearing request filed in this matter, the Request for Hearing regarding FAP is hereby **DISMISSED**.

Denial of MA Application

Based on the Department's testimony at the hearing, the Department denied the application because enrollment in the Adult Medical Program (AMP) was closed. The AMP provides limited medical services for persons not eligible for MA coverage. BEM 100 (October 2013), p. 6. The AMP program was closed to new enrollees in January 2014, the month of Claimant's application. BEM 640 (July 2013), p. 1.

Additionally, an individual may receive MA coverage if she qualifies under (i) a MAGI-related MA category, which is available if the individual has dependent children who live in the home, is the caretaker relative of dependent children, is under age 21, or is pregnant or recently pregnant, or (ii) an SSI-related MA category, which is available if the individual is aged (65 or older), blind, disabled, entitled to Medicare, or formerly blind or disabled. BEM 105 (July 2013), p. 1; BEM 132 (July 2013), p. 1; BEM 135 (July 2013), p. 1; BEM 163 (July 2013), p. 1; BEM 166 (July 2013), p. 1. During the hearing, Claimant did not identify herself as blind, disabled, pregnant, the parent/caretaker of a dependent child, under age 21 or age 65 or older. The Healthy Michigan Plan was not

available at the time of Claimant's January 24, 2014; however, the plan became available on April 1, 2014 which may be a potential source of coverage.

Because the evidence presented at the hearing established that Claimant did not meet any of the criteria for SSI-related or MAGI-related MA, the Administrative Law Judge, based on 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 Claimant's January 24, 2014 application for MA benefits.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED** with respect to denial of Claimant's MA application and **DISMISSED** with respect to the Claimant's FAP benefits.



JACQUELYN A. MCCLINTON
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 9, 2014

Date Mailed: April 9, 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.

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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

JAM/cl

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