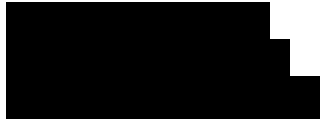


**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**



Reg. No.: 14-002491  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: July 19, 2014  
County: Monroe

**ADMINISTRATIVE LAW JUDGE:** Michael S. Newell

**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 July 19, 2014, from Lansing, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] and [REDACTED].

**ISSUE**

Did the Department properly deny Claimant's application?

**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 applied for MA and HMP on March 17, 2014.
2. Claimant is not disabled.
3. Claimant was denied for HMP for March because it was closed to new enrollees.
4. On May 5, 2014, the Department denied Claimant's MA application for being over the income limit.
5. On May 8, 2014, Claimant requested hearing.
6. The Department determined that Claimant's monthly income was \$ [REDACTED] based on his March 2014 income.
7. The Department projected Claimant's projected yearly income at \$ [REDACTED] per year.
8. Claimant requested hearing on May 8, 2014.

### **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.

Additionally, the Department properly denied Claimant's HMP for March 2014 because the program was closed to new enrollees at that time. BEM 640.

Claimant's projected annual income was also over the income limit of \$ [REDACTED] for a household size of 1. RFT 236; 42 CFR 435.210, 510. BEM 211.

Claimant testified that his job would end sometime after the decision was issued. Claimant was informed by the Department and during the hearing that he could reapply and should reapply if his income decreased.

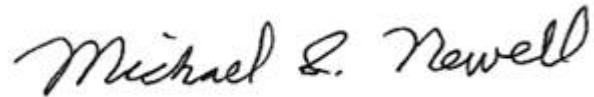
Claimant also alleged that the \$ [REDACTED] per month (gross) that he reported as income was not income because it "basically" covered his gas for the work he did for a nonprofit, although Claimant did not know whether Claimant spent more or less on gas working for the nonprofit. Claimant reported this as income with the Department, and reports it as income on his federal income taxes, and the amount he is paid is subject to withholding as income the Department did not err.

Claimant- gets \$ [REDACTED] per month from a non-profit- only paid position on the board- just covers gas.

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 for HMP and MA.

**DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED**.



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Michael S. Newell  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **7/10/2014**

Date Mailed: **7/10/2014**

MSN/las

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

cc:

