

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

**IN THE MATTER OF:**

██████████  
██  
██

Reg. No.: 2014-16914  
Issue No(s): 2001  
Case No.: ██████████  
Hearing Date: February 27, 2014  
County: Wayne (18)

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

**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 February 27, 2014 from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and the Claimant's Authorized Hearing Representative, ██████████. Participants on behalf of the Department of Human Services (Department) included ██████████, ES, and ██████████ Assistance Payments Supervisor.

**ISSUE**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?  | <input type="checkbox"/> Adult Medical Assistance (AMP)?    |
| <input type="checkbox"/> Food Assistance Program (FAP)?      | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> State Emergency Relief (SER)?      |

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, including the testimony at the hearing, finds as material fact:

1. Claimant  applied for  received:  
 FIP    FAP    MA    AMP    SDA    SER  
benefits.

2. Due to excess assets, on January 1, 2014, the Department  denied Claimant's application.  closed Claimant's case.
3. On December 3, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
4. On December 9, 2013, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

### **CONCLUSIONS OF LAW**

Department policies are found 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, at the hearing the Claimant very clearly indicated that she inherited \$15,000 and was given a check dated September 26, 2013 in her name, which she then gave to her daughter. Exhibit 1. Her daughter deposited the \$15,000 in her own bank account. Her daughter in turn testified credibly that she used the inheritance money given to her mother on her mother's medical expenses and care. The Claimant did report the inheritance to the Department on October 15, 2013 and the Department issued a Notice of Case Action on December 3, 2013 closing the Claimant's medical assistance case because the Claimant's assets exceeded the asset limit of \$2,000 for Medical Assistance as set forth in BEM 400. (&/1/13). Exhibit 3. Based upon the evidence presented, the Department correctly closed the Claimant's case for Medical Assistance due to excess assets as the proofs demonstrated that Claimant's assets were in excess of \$2, 000 at the time the Department issued its Notice of Case Action. The Claimant may reapply for medical assistance when her assets are reduced sufficiently to be under \$2,000 at which time the Department will review the application for eligibility.

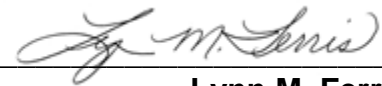
The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department

acted in accordance with Department policy when it closed the Claimant's medical assistance case as the Claimant had excess assets.

**DECISION AND ORDER**

Accordingly, the Department's decision is

AFFIRMED.



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

Date Signed: March 19, 2014

Date Mailed: March 19, 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

2014-16914/LMF

LMF/cl

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