

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-23993
Issue No(s): 2001, 3001
Case No.: [REDACTED]
Hearing Date: February 20, 2014
County: Eaton County DHS

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 20, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] [REDACTED] the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] [REDACTED] Eligibility Specialist.

ISSUE

Did the Department properly deny Claimant application for Medical Assistance (MA) and Food Assistance Program (FAP) benefits?

FINDINGS OF FACT

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

1. On October 23, 2013, Claimant applied for MA and FAP and Claimant indicated he was not disabled.
2. On October 4, 2013, a Notice of Case Action was issued to Claimant stating: the MA application was denied because there was the Adult Medical Program (AMP) was closed to new enrollment and Claimant was not eligible for Medicaid because he was not blind, disabled, pregnant, or met age requirements; and the FAP application was denied because residents in an eligible Adult Foster Care home must be disabled or a veteran.
3. On January 17, 2014, Claimant filed request for hearing request contesting 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 Adult Medical Program (AMP) is established by 42 USC 1315 and is administered by the Department pursuant to MCL 400.10.

Medicaid is available to individuals over age 65, disabled, under 21, pregnant, or parent/caretaker relative of a dependent child. BEM 110, 125, 126, 135, 240, and 260.

For AMP, applications received during a freeze on AMP enrollments must be registered and are to be denied using "applicant did not meet other eligibility requirements" as the denial reason. Applicants must be informed that the reason for denial is an enrollment freeze. BEM 640

On the October 23, 2013 application, Claimant marked that he was not physically or mentally unable to work full time. (Exhibit A, page 8) Claimant listed a date of birth of July 11, 1978. (Exhibit A, page 5) Accordingly at age 35, Claimant was not over age 65 or under age 21. Claimant is a male and was not pregnant. (Exhibit A, page 5) Claimant reported no household members under age 22. (Exhibit A, page 6) Accordingly, Claimant was not eligible for MA because he was not over age 65, disabled, under 21, pregnant, or parent/caretaker relative of a dependent child based on the information provided for the October 23, 2013 MA application. Further, because there was a freeze on AMP enrollments, eligibility could not be considered for that program. Accordingly, the Department's determination to deny the October 23, 2013 MA application must be upheld.

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.

A resident in an eligible AFDC home must be disabled or veteran per BEM 550 Senior/Disabled/Veteran policy. BEM 617.

It was uncontested that Claimant resided in an AFC. On the October 23, 2013 application, Claimant reported he had not served in the military or armed services. (Exhibit A, page 12) As noted above, Claimant also indicated that he was not disabled on the October 23, 2013 application. (Exhibit A, page 8) Additionally, the Department's Medical Review Team had just issued a determination on September 8, 2013 that Claimant was not disabled for a prior benefits application. (Exhibit A, pages 18-19) Accordingly, the Department's determination to deny the FAP application must be upheld because Claimant was not disabled or a veteran.

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 October 23, 2013 application for MA and FAP benefits.

DECISION AND ORDER

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



Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: February 28, 2014

Date Mailed: February 28, 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.

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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

CL/hj

cc:

