

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

**IN THE MATTER OF:**

████████████████████  
██  
████████████████████

Reg. No.: 2014 24184  
Issue No.: 2001; 1001;3001  
Case No.: ██████████  
Hearing Date: February 24, 2014  
County: Wayne (19)

**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 24, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Assistance Payment Worker.

**ISSUE**

Did the Department properly deny Claimant's application for Medical Assistance (MA) benefits?

Did the Department properly deny the Claimant's application for FIP Cash Assistance?

Did the Claimant timely respond to the verification checklist?

**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 January 3, 2014, Claimant applied for Medical Assistance (MA) coverage and FIP cash assistance.
2. The Department denied the MA application and the FIP application January 1, 2014 and February 1, 2014, respectively.

3. In connection with processing the MA application, the Department determined that it was necessary to recalculate Claimant's FAP benefits due to earned income changes discovered based upon the MA application. At the time of the hearing request the Department had not recalculated FAP benefits because verifications requested were not due until January 27, 2014 which was after the hearing request.
4. On December 7, 2014, the Department sent Claimant a Notice of Case Action notifying Claimant that his application for FIP and MA were denied. Exhibit 1
5. The Claimant requested a hearing for State Emergency Relief but there was no record of such an application being received.
6. On December 12, 2013, Claimant filed a request for hearing disputing the Department's actions denying his application for Medical Assistance and FIP cash assistance.

### **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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.

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.

The State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Family Independence Agency) pursuant to MCL 400.10 and by Mich Admin Code, R 400.7001 through R 400.7049.

Additionally, Claimant filed a request for hearing disputing the Department's denial of his MA application and FIP application

### **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 and because Claimant did not identify himself as blind, disabled, pregnant, the parent/caretaker of a dependent child, under age 21 or age 65 or older in his application.

An individual may receive MA coverage if he qualifies under (i) a FIP-related MA category, which is available if the individual has dependent children who live with him, 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.

The evidence presented at the hearing established that Claimant did not meet any of the criteria for SSI-related or FIP-related MA. Thus, the Department acted in accordance with Department policy when it denied Claimant's MA application. The Claimant was not a caretaker of a dependent child and did not advise the Department that he was 65 or that he was disabled.

The Department also denied Claimant's application for AMP medical coverage. 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. Therefore, the Department acted in accordance with Department policy when it denied Claimant's January 3, 2014 application for AMP eligibility. See BEM 640 (July 2013), p. 1.

### **Denial of FIP cash assistance**

The Department denied the Claimant's application for FIP benefits. The Department found the Claimant ineligible for FIP based upon the fact that he was not a caretaker relative of a dependent child. At the hearing the Claimant testified that he did not care for any children. In order to be eligible for FIP benefits policy found in BEM 210, pp.1 provides:

**FIP** Group composition is the determination of which individuals living together are included in the FIP eligibility determination group/program group and the FIP certified group. To be eligible for FIP both of the following must be true:

- The group must include a dependent child who lives with a legal parent, stepparent or other qualifying caretaker.

Based upon Department policy the Department correctly denied the Claimant's FIP application as he has no dependent child.

**Calculation of FAP Benefit Amount**

Claimant also requested a hearing regarding his FAP benefits. At the hearing it was determined that the Department was required to compute the Claimant's FAP benefits and conceded that it would remove the Claimant's mother from his FAP group as they do not purchase and prepare food together and that the Claimant, after his hearing request, did provide the required verification of wage information, thus there is nothing regarding the amount of food assistance benefits to be decided at the time of the hearing request.

**State Emergency Relief**

At the hearing it was determined that the Claimant did not file an application for SER benefits. The Claimant confused the state emergency relief with food assistance. The Department also had no record of any such application. Thus based upon the evidence presented it is determined that the Claimant did not file an application for SER and therefore there is nothing further to be decided.

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 MA application and FIP application.

**DECISION AND ORDER**

Accordingly, the Department's decision is

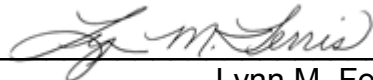
AFFIRMED with respect to denial of Claimant's MA application and FIP cash assistance application;

and

DISMISSED with respect to the Claimant's FAP benefits as there is nothing to be determined as the verifications were not due until after Claimant's hearing request;

and

DISMISSED with respect to the SER hearing request as no application was filed for SER.



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

Date Signed: March 4, 2014

Date Mailed: March 4, 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

LMF/cl

cc:

[REDACTED]