

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED]

Claimant

Reg. No: 2008-25518

Issue No: 2026

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

May 6, 2009

Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on Wednesday, May 6, 2009. The claimant personally appeared and testified on her own behalf.

ISSUE

Did the department properly place the claimant's Medical Assistance (MA) case in spend-down status and determine her monthly deductible?

FINDINGS OF FACT

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

- (1) The claimant was a recipient of MA benefits with a June MA review required.

(2) On June 25, 2008, the department caseworker did a Social Security SOLQ to determine that the claimant was receiving RSDI income in the amount of [REDACTED] per month.

(Department Exhibit 7)

(3) On June 27, 2008, the department caseworker calculated the claimant's household MA budget to determine the claimant's monthly unearned income of [REDACTED] per month from RSDI income (Department Exhibit 1-4):

- The claimant was eligible for a \$20 disregard, which resulted in a net income of [REDACTED]
- The claimant had a protected income level of [REDACTED], which was her total needs for her shelter area.
- The claimant had an excess income/deductible of [REDACTED], resulting from her net income of [REDACTED] minus her total needs of [REDACTED]

(4) On June 27, 2008, the department caseworker sent the claimant a notice that beginning July 1, 2008 that she would have a deductible amount of [REDACTED] per month. (Department Exhibit 5-6)

(5) On July 3, 2008, the department received a hearing request from the claimant, contesting the department's negative action.

(6) During the hearing, the department caseworker stated that she made an error in the budget by not deducting the [REDACTED] Medicare Part B payment that the claimant was paying, which would result in a total needs of [REDACTED] and an excess income/deductible of [REDACTED].

(7) During the hearing, the department caseworker requested that the department caseworker calculate a new MA budget and fax the results back to the Administrative Law Judge.

(8) On April 15, 2009, the department caseworker sent the Administrative Law Judge a memo stating that she had made an error in stating that the claimant was paying the premium, but the claimant is not paying the [REDACTED] but that the State of Michigan is paying it. (Department Exhibit A-C)

(9) On May 16, 2009, the department caseworker sent the Administrative Law Judge a new MA eligibility budget based on the claimant's increase of RSDI income to [REDACTED] and a pension of [REDACTED], with a [REDACTED] deduction for a net unearned income of [REDACTED], which resulted in a deductible for [REDACTED]. (Department Exhibit C-G and I-L)

### CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

### **MA GROUP 2 INCOME ELIGIBILITY**

#### **Deductible**

Deductible is a process which allows a client with excess income to become eligible for Group 2 MA if sufficient allowable medical expenses are incurred.

#### **Active Deductible**

Open an MA case **without ongoing Group 2 MA coverage** on CIMS as long as:

- . The fiscal group has excess income, **and**
- . At least one fiscal group member meets all other Group 2 MA eligibility factors.

Such cases are called active deductible cases. Periods of MA coverage are added on CIMS each time the group meets its deductible.

### **Deductible Period**

Each calendar month is a separate spend-down period.

### **Deductible Amount**

The fiscal group's monthly excess income is called a deductible amount. PEM 545, pp. 8-9.

### **Meeting a Deductible**

Meeting a deductible means reporting and verifying allowable medical expenses (defined in "EXHIBIT I") that equal or exceed the deductible amount for the calendar month tested. PEM, Item 545, p. 9.

The group must report expenses by the last day of the third month following the month for which it wants MA coverage. PAM 130 explains verification and timeliness standards. PEM, Item 545, p. 9.

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. Medicaid is also known as Medical Assistance (MA). PEM 105.

The State of Michigan has set guidelines for income, which determine if an MA group is eligible. Income eligibility exists for the calendar month tested when:

- . There is no excess income, **or**
- . Allowable medical expenses equal or exceed the excess income (under the Deductible Guidelines). PEM 545.

Net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. PEM 105. Income eligibility exists when net income does **not** exceed the Group 2 needs in PEM 544. PEM 166. The protected income level is a set allowance for non-medical need items such as shelter, food and incidental expenses.

PRT 240 lists the Group 2 MA protected income levels based on shelter area and fiscal group size. PEM 544. An eligible Medical Assistance group (Group 2 MA) has income the same as or less than the “protected income level” as set forth in the policy contained in the Program Reference Table (PRT). An individual or MA group whose income is in excess of the monthly protected income level is ineligible to receive MA. However, a MA group may become eligible for assistance under the deductible program. The deductible program is a process, which allows a client with excess income to be eligible for MA, if sufficient allowable medical expenses are incurred. Each calendar month is a separate deductible period. The fiscal group’s monthly excess income is called the deductible amount. Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the deductible amount for the calendar month. The MA group must report expenses by the last day of the third month following the month it wants medical coverage. PEM 545; 42 CFR 435.831.

In this case, the claimant has a fiscal group net income of [REDACTED]. The claimant’s protected income level and her shelter area for a group size of one is [REDACTED]. PRT 240. After subtracting the claimant’s total needs amount of [REDACTED] from her total fiscal group net income of [REDACTED], the claimant would be left with an excess income or deductible of [REDACTED].

Therefore, the claimant’s MA deductible determination must be upheld.

#### DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department properly placed the claimant’s MA case in spend-down status and determined the monthly deductible amount of [REDACTED].

Accordingly, the department's MA deductible action is **AFFIRMED**.

/s/  
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Carmen G. Fahie  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: June 30, 2009

Date Mailed: June 30, 2009

**NOTICE:** Administrative Hearings 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. Administrative Hearings 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.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

CGF/vmc

cc: 