

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: 2009-1318

Issue No: 2026

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

August 27, 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 Thursday, August 27, 2009. The claimant personally appeared and testified with his son, [REDACTED] as a witness.

ISSUE

Did the department properly place the claimant's Medical Assistance (MA) case in spend-down status and determine his 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.

(2) On August 19, 2008, the DHS caseworker processed a MA review using the verifications provided by the claimant.

(3) The claimant receives RSDI income in the amount of [REDACTED] (Department Exhibit P7) and earned income in the amount of [REDACTED]. (Department Exhibit 9-10)

(4) On August 19, 2008, the department caseworker calculated the claimant's continued eligibility for MA benefits (Department Exhibit 3-6):

- The claimant had unearned income of [REDACTED]
- The claimant had a net unearned income of [REDACTED], resulting from a \$20 unearned income disregard.
- The claimant had total earned income of [REDACTED].
- The claimant had a net earned income of [REDACTED] resulting from \$65 plus one-half earned income disregard.
- The claimant had a net income of [REDACTED], resulting from the claimant's net unearned income of [REDACTED] and net earned income of [REDACTED].
- For the claimant to qualify for full Medicare without a spend-down his income would have to be less than \$1,167.
- The claimant had a total need of \$541 resulting from a protected income level of \$541.
- The claimant had an excess income/deductible of [REDACTED], resulting from his net income of [REDACTED] minus his total need of \$541.

(5) On August 19, 2008, the department caseworker sent the claimant a notice that the claimant would have a deductible amount of [REDACTED] each month before he would be eligible for MA. (Department Exhibit P2)

(6) On September 15, 2008, the department received a hearing request from the claimant, contesting the department's negative action.

## 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).

The department manuals provide the following relevant policy statements and instructions for caseworkers:

### **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 it 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 in his shelter area for a group size of one is \$541, PRT 240. After subtracting the claimant's total need amount of \$541 from his total fiscal group net income of [REDACTED], the claimant would be left with an excess income or deductible amount 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/ \_\_\_\_\_  
Carmen G. Fahie  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: October 7, 2009

Date Mailed: October 8, 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.

2009-1318/CGF

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:

