

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE CLAIM OF:

[REDACTED]

Reg. No.: 201020146  
Issue No.: 2001/2014  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date: September 9, 2010  
Macomb County DHS (12)

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

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the claimant's request for a hearing. After due notice, a telephone hearing was held on September 9, 2010. The claimant appeared and testified. [REDACTED], FIS case manager appeared and testified on behalf of the Department.

**ISSUE**

Was the Claimant's AD Care Medical Assistance case properly closed due to excess income?

**FINDINGS OF FACT**

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

1. The Claimant was recipient of the AD Care Medical Program benefits.
2. On January 1, 2010 the Claimant's AD Care case was closed due to excess income.
3. At the hearing the Claimant's spouse confirmed that the group of 2 persons, the claimant and her husband, have a total income of \$1387 from a pension and social security.
4. Per RFT 242 the income limit for a group 2 to be eligible for AMP \$1215. The Claimant's income exceeds the income limit to be eligible for the AD Care program.

5. The Claimant requested a hearing regarding the closure of her AD Care benefits due to excess income on December 26, 2009 which was received by the Department on December 29, 2009.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by the 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 (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

The Ad Care Program eligibility requirements are found in BEM 163. There are both financial and nonfinancial eligibility factors. In order to be eligible for AD Care the claimant must meet all eligibility requirements. In the instant case the financial eligibility factor is at issue. Income eligibility exists when the group's net income does not exceed the income limits established by RFT 242. The income limit established by RFT 242 for group 2 persons is \$1215 per month. Because the claimant's group's income exceeds the income standards set forth in RFT 242, unfortunately the claimant is ineligible to receive Ad Care Benefits. BEM 163, page 2. The Administrative Law Judges is sympathetic with the claimant's plight and her illness and suggests that the claimant apply for a Medicaid deductible program with the department as soon as possible.

Claimant's total unearned income must be counted, the amount of which is \$1387 in the current case. This amount was verified by the claimant and Department. The Claimant's gross income is more than the AD Care income limit of \$1215. Therefore, the closure of Claimant's AD Care case by the Department was correct.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department was correct when it determined claimant's unearned income exceeded the income limit for the AD Care Program.

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Accordingly, the Department's decision in the above stated matter is, hereby, AFFIRMED.



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Lynn M. Ferris  
Administrative Law Judge  
For Ismael Ahmed, Director  
Department of Human Services

Date Signed: 9/15/2010

Date Mailed: 9/15/2010

**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.

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