

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

IN THE MATTER:

[REDACTED]

Reg No. 201041101
Issue No. 2026
Case No. [REDACTED]
Load No. [REDACTED]
Hearing Date: September 9, 2010
Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Jana A. Bachman

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 September 9, 2010.

ISSUE

Whether the Department of Human Services (department) acted in compliance with department policy when it determined claimant's Medical Assistance (MA) benefits.

FINDINGS OF FACT

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

1. On or about December 2009, claimant was a recipient of MA benefits due to receipt of [REDACTED]. Department Exhibit A, pgs 1-3.
2. Effective January 2010, claimant became eligible for [REDACTED] and [REDACTED] eligibility ceased along with eligibility for MA based on receipt of [REDACTED]. Department Exhibit A, pgs 1-3.
3. On or about February 2010, the department prepared an MA budget. Total countable income was [REDACTED] consisting of claimant's monthly [REDACTED] benefits. A standard [REDACTED] deduction was included leaving countable income of \$ [REDACTED]. The MA Protected Income Level for a household of one is [REDACTED] MA

income of [REDACTED] less the Protected Income Level of [REDACTED] leaves a monthly deductible of [REDACTED] Department Exhibit A, pg 19.

4. February 27, 2010, the department sent claimant written notice that her full MA was ending and she would now have a monthly deductible. Department Exhibit A, pgs 10-18.

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).

Department manuals provide the following policy statements and instructions for caseworkers:

When determining eligibility for MA, the household's total income must be evaluated. All earned and unearned income of each household member must be included unless specifically excluded. Social Security benefits are not excluded and must be counted when determining MA eligibility. The MA program provides for a standard \$20.00 deduction from unearned income. \$65.00 + ½ of earned income is deducted. A deduction may be included for expenses that enable an impaired or blind person to work and for guardianship or conservatorship fees. An allocation from income may be made to non-SSI children living with the household. BEM 500, 541.

Federal regulations at 42 CFR 435.811, .814, .831(C)(I), and .1007 provide standards for MA eligibility. The department, in compliance with these regulations, has prepared income tables that are set forth at Reference Table (RFT) 240 and specify the amount of income a household may have to qualify for MA. These maximum income limits are referred to as the protected income levels. MA policy provides for additions to the protected income level. An addition is allowed if the individual or household pays health insurance premiums. An addition may also be made for the cost of remedial services. BEM 544.

Monthly deductible is a process by which a person or household with excess income may qualify for MA coverage. Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the monthly deductible amount for the calendar month being tested. The group must report

expenses by the last day of the third month following the month it wants MA coverage. Medical expenses may be allowed when: (a) the expenses are incurred by an MA group member; AND (b) the MA individual or household is responsible for payment, AND (c) when they have not previously been used to meet a monthly deductible. The bills may be old or new expenses. BEM 545.

In this case, the Administrative Law Judge has examined the record and the department policy and finds that the department correctly calculated claimant's countable income, protected income level, and monthly deductible. AT hearing, claimant testified that her health insurance costs were not included in the budget. Documentation from the Social Security Administration (SSA) does not indicate claimant has insurance costs. Department A, pages 1-3. No other documentation was provided to establish that claimant had such costs at the time the budget was completed. Claimant credibly testified that the deductible is more than she can afford to pay and that she has many living expenses. She testified to having medical expenses, but had not turned in to the department all the required paperwork for the department to determine whether she had met the deductible for any given month. Department policy does not permit deductions from income or additions to monthly protected income other than as discussed above. The department must have the required documentation in order to authorize coverage under a deductible. Accordingly, the department's action must be upheld. Finding of Fact 1-4.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the Department of Human Services acted in compliance with department policy when it determined claimant's eligibility for Medical Assistance benefits.

Accordingly, the department's action is, hereby, UPHeld.

/S/
Jana A. Bachman
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: December 10, 2010

Date Mailed: December 13, 2010

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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 receipt 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.

JAB/db

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