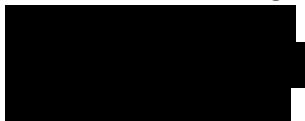


STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE CLAIM OF:



Reg. No.: 201023732
Issue No.: 2026
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date: October 4, 2010
Wayne County DHS (43)

ADMINISTRATIVE LAW JUDGE: Michael J. Bennane

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 October 4, 2010. The claimant appeared and testified.

ISSUE

Did the Department properly calculate the claimant's Medical Assistance (MA)?

FINDINGS OF FACT

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

1. On November 25, 2009, the department completed a redetermination of the claimant's MA and notified her that her MA would include a new deductible of \$207.00 per month.
2. On December 17, 2009, the claimant requested a hearing.

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).

As part of a redetermination of the claimant's MA the department calculated that the claimant would have a deductible of \$207.00 per month.

The claimant does feel the deductible is justified because she has the same job and income as before the redetermination.

MA Only

This item completes the Group 2 MA income eligibility process.

Income eligibility exists for the calendar month tested when:
There is no excess income.

Allowable medical expenses (defined in **EXHIBIT I**) equal or exceed the excess income.

When **one** of the following equals or exceeds the group's excess income for the month tested, income eligibility exists **for the entire month**:

Old bills (defined in EXHIBIT IB).

Personal care services in clients home, (defined in [Exhibit II](#)), Adult Foster Care (AFC), or Home for the Aged (HA) (defined in [EXHIBIT ID](#)).

Hospitalization (defined in EXHIBIT IC).

Long-term care (defined in EXHIBIT IC).

When **one** of the above does **not** equal or exceed the group's excess income for the month tested, income eligibility begins either:

The exact day of the month the allowable expenses **exceed** the excess income.

The day after the day of the month the allowable expenses **equal** the excess income.

In addition to income eligibility, the fiscal group must meet all other financial eligibility factors for the category processed.

201023732/MJB

However, eligibility for MA coverage exists only for qualified fiscal group members. A qualified fiscal group member is an individual who meets all the nonfinancial eligibility factors for the category processed. (BEM 545, p. 1)

In the instant case the claimant disagrees with the department calculation of her income.

DECISION AND ORDER

The Administrative Law Judge based upon the above findings of fact and conclusions of law, **REVERSES AND ORDERS** the Department to accept documentation of the claimant's income for the time in question and recalculate her MA eligibility, replacing any lost benefits if appropriate.



Michael J. Bennane
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: 10/13/2010

Date Mailed: 10/13/2010

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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201023732/MJB

cc:

