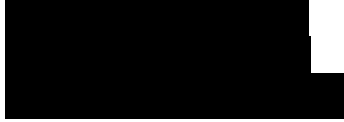


STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 201037277
Issue No: 2014
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
July 29, 2010
Macomb County DHS

ADMINISTRATIVE LAW JUDGE: Robert J. Chavez

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 hearing was held on July 29, 2010.

ISSUE

Was the claimant's Medicaid budget deductible computed correctly?

FINDINGS OF FACT

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

- (1) Claimant is a MA recipient in Macomb County.
- (2) Claimant was originally receiving LIF based MA, which is a Group 1 program.
- (3) Claimant receives countable income in the amount of \$1140 per month.
- (4) The MA budget showed eligibility for the claimant; however, this budget included a deductible of \$438.

- (5) Claimant was considered for other MA programs; however, there is no evidence that claimant was qualified for those programs.
- (6) Claimant requested a hearing on May 27, 2010, stating that she believed the deductible she had been given was incorrect.

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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Bridges Reference Manual (BRM) and Reference Tables (RFT).

With regard to the MA eligibility determination, the State of Michigan has set guidelines for income, which determine if an MA group is eligible. Claimant is not eligible for Group 1 Medicaid. Net income (countable income minus allowable income deductions) must be at or below a certain income limit for Group 1 eligibility to exist. BEM 105. For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for FIP-related and SSI-related Group 2 categories. BEM 105. 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). BEM 545.

Income eligibility exists when net income does **not** exceed the Group 2 needs in BEM 544. BEM 166. The protected income level is a set allowance for non-medical

need items such as shelter, food and incidental expenses. RFT 240 lists the Group 2 MA protected income levels based on shelter area and fiscal group size. BEM 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 RFT 240. 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.

The MA budget included claimant's UCB benefits. The Administrative Law Judge has reviewed this budget and found no errors. Claimant herself was unable to point out specifically what parts of the budget she felt were in error. An unearned income total of \$1140 results in a modified net income of \$846, after considering the calculated prorated shares of all the household income. Therefore, claimant only becomes eligible for Group 2 MA when the excess income, budgeted here to be \$438, is spent. This amount was calculated after considering claimant's allowed protected needs level of \$408. The undersigned cannot point to any errors, and must conclude that the Department's calculations were correct.

It should be noted that claimant argued that she had been told by a representative that she would have continued MA eligibility for a year following her removal from the LIF MA program; however, claimant was not able to provide any evidence of this agreement. Furthermore, the undersigned suspects that claimant may have been referring the TMA program, which DHS clients are often referred to when LIF eligibility ceases; however, there was no evidence presented that claimant met the requirements for the TMA program, nor was there any evidence presented that the claimant was not considered for the TMA program. Therefore, the undersigned must hold that the claimant was considered for the correct MA programs.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department's decision to impose an MA deductible of \$438 was correct.

Accordingly, the Department's decision is AFFIRMED.



Robert J. Chavez
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 02/01/11

Date Mailed: 02/03/11

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.

RJC/dj

cc:

