

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 201112723
Issue No: 3002; 2006

[REDACTED]

ADMINISTRATIVE LAW JUDGE: Kandra Robbins

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, 7 CFR 273.16, MAC R 400.3130, and MAC R 400.3178 upon the Claimant's request for hearing. After due notice, a telephone conference hearing was held on February 1, 2011. The Claimant and his wife, [REDACTED] were present and testified.

ISSUE

1. Did the Department properly determine Claimant's Food Assistance Program (FAP) benefit?
2. Did the Department properly determine Claimant's eligibility for Medical Assistance (MA)?

FINDINGS OF FACT

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

1. The Claimant submitted an application for assistance in November 2010.
2. The Claimant reported a change in earned income.
3. The Department recalculated the Claimant's FAP and MA budgets. (Department Exhibit 1 pgs 2-8).
4. The Claimant was sent a Notice of Action indicating a reduced FAP allotment of [REDACTED]

5. The Claimant was sent Notice of Action indicating a Group 2 MA eligibility with a deductible of [REDACTED]
6. On December 7, 2010, the Department received the Claimant's request for a hearing.

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901 - .951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his claim for assistance is denied. MAC R 400.903(1) An opportunity for a hearing shall be granted to an applicant who requests a hearing because of a denial. MAC R 400.903(2)

Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. BAM 600. The department will provide an administrative hearing to review the decision and determine the appropriateness. BAM 600.

The Food Assistance Program (FAP) (formerly known as the Food Stamp (FS) program) is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the FAP program pursuant to MCL 400.10, et seq., and MAC R 400.3001-3015.

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). Department Policy states:

BEM 550 DEPARTMENT POLICY

This item applies **only** to **FAP**.

A non-categorically eligible Senior/Disabled/Veteran (SDV) FAP group must have income below the net income limits.

A non-categorically eligible, non-SDV FAP group must have income below the gross and net income limits.

Use **only** available, countable income to determine eligibility.

The BEM 500 series defines countable income. BEM 505 defines available income and income change processing.

This item describes income budgeting policy. **Always**

calculate income on a calendar month basis to determine eligibility and benefit amounts. Use income from a month specified in this item for the benefit month being considered. Budget the entire amount of earned and unearned countable income. Gross countable earned income is reduced by a 20% earned income deduction. Every case is allowed the standard deduction shown in RFT 255. Document income budgeting on either a manually-calculated or an automated FAP worksheet.

BEM 505 DEPARTMENT POLICY

DEFINITIONS AII TOA

Income

Income means a benefit or payment received by an individual which is measured in money. It includes money an individual owns even if not paid directly such as income paid to a representative.

Countable Income Countable income is the amount remaining after applying policy in this and other income-related manual items. This is the amount used to determine eligibility and benefit level. **Earned Income** Earned income means income received from another person or organization or from self-employment for duties that were performed for remuneration or profit. Some rental income is considered earned; see BEM 504, Income from Rental/Room and Board. **Unearned Income** Unearned income is all income that is not earned. **Gross Income** Gross income is the amount of income before any deductions such as taxes or garnishments. This may be more than the actual amount an individual receives. (BEM 500).

BEM 105 DEPARTMENT POLICY

MA Only

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).

SSI-RELATED AND FIP-RELATED The Medicaid program is comprised of several sub-programs or categories. One category is FIP recipients. Another category is SSI recipients. There are several other categories for persons not receiving FIP or SSI. However, the eligibility factors for

these categories are based on (related to) the eligibility factors in either the FIP or SSI program. Therefore, these categories are referred to as either FIP-related or SSI related. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories.

BEM 135 DEPARTMENT POLICY

MA Only

This is a FIP-related Group 2 MA category.

MA is available to parents and other caretaker relatives who meet the eligibility factors in this item. All eligibility factors must be met in the calendar month being tested. If the month being tested is an L/H month and eligibility exists, go to BEM 546 to determine the post-eligibility patient-pay amount.

NONFINANCIAL ELIGIBILITY FACTORS

A caretaker relative is a person who meets all of the following requirements:

- Except for temporary absences, the person lives with a dependent child. Use “CARETAKER RELATIVE NONFINANCIAL TEMPORARY ABSENCE” below. Dependent child is defined later in this item.
- The person is:
 - The parent of the dependent child; **or**
 - The specified relative (other than a parent) who acts as parent for the dependent child. Specified relative is defined later in this item. Acts as parent means provides physical care and/or supervision.
- The person is not participating in a strike; and, if the person lives with his spouse, the spouse is not participating in a strike. Use the FIP striker policy in BEM 227.
- The **MA** eligibility factors in the following items must be met.
 - BEM 220, Residence.
 - BEM 221, Identity.

- BEM 223, Social Security Numbers.
- BEM 225, Citizenship/Alien Status.
- BEM 255, Child Support.
- BEM 256, Spousal/Parental Support.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.
- BEM 270, Pursuit of Benefits.

When a dependent child lives with both parents, both parents may be caretaker relatives. Occasionally, a specified relative (other than a parent) who claims to act as parent for the dependent child and the child's parent both live with the child. The client's statement regarding who acts as parent must be accepted. If both the parent and other specified relative claim to act as parent, assume the parent is the caretaker relative. When only the other specified relative claims to act as parent, both the other specified relative and the parent(s) may be caretaker relatives. Except as explained in the two preceding paragraphs, a child can have only one caretaker relative. This means that if a person is an MA applicant or recipient based on being a caretaker relative, no other person can apply for or receive MA based on being a caretaker relative for the same dependent child.

DEPARTMENT POLICY

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).

MONTHS WITH EXCESS INCOME

Income eligibility exists for all or part of the month tested when the **medical group's** (defined in BEM 544, **EXHIBIT I**) allowable medical expenses (BEM 545, EXHIBIT I) equal or exceed the fiscal group's excess income.

The Department is required to count the Claimant's total gross income in determining the Claimant's eligibility for FAP benefits. The Claimant properly reported earnings to the Department. The Department recalculated the FAP benefit based on the increase in income. The Claimant agrees that she had earned income in the amount of [REDACTED]. The Department determines a FAP group's net income by deducting certain standard deductions. The Claimant's household had an earned income deduction of [REDACTED] and a standard deduction of [REDACTED]. Department policy also permits the deduction of certain expenses. These expenses include shelter expenses. The claimant had a housing expense of [REDACTED] and a heat and utility deduction of [REDACTED]. After calculating the standard deductions, the Claimant had a total net income properly calculated to be [REDACTED]. The federal regulations provide standards for income and the amount of household benefits. In accordance with federal regulations, the Department has prepared income and issuance tables which can be found at RFT 250 and 260. The issuance table provides that a group size of 3 with an income of [REDACTED] receives a FAP benefit in the amount of [REDACTED].

The Claimant is also disputing the Department's determination of her MA application. In compliance with Department policy, the Department determined if there was any MA category that the Claimant would be eligible. It was determined that the Claimant qualifies as a group 2 caretaker relative. The Claimant is the caretaker parent for her minor children. The Department calculated the Claimant's income and determined that she had total net income in the amount of [REDACTED]. The Claimant resides in Kent County. RFT 200 indicates that this county is Shelter group V. the protected income limit for a group size of 1 in shelter area V is [REDACTED]. RFT 240. After deducting the protected income amount from the Claimant's income, the Claimant has a deductible of [REDACTED]. The Department properly determined that the Claimant was eligible for MA as a Group 2 caretaker relative. However, the Claimant had excess income. Therefore, she has a deductible of [REDACTED]. The Claimant submitted 2 pages of earnings and a letter from a supervisor. The letter is dated 2/1/11. The payroll printout is from December 24, 2010 through January 21, 2011. This income is not relevant to the Department's determination for the November application. The Claimant can present this information to the Department for a redetermination of her current benefits as a change of circumstances for future benefits.

DECISION AND ORDER

This Administrative Law Judge, based upon the above findings and conclusion of law, decides that the Department correctly determined the Claimant's FAP and MA benefits.

It is so ORDERED.

_____/s/_____
Kandra Robbins
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 2/10/11

Date Mailed: 2/10/11

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.

[REDACTED]