#### STATE OF MICHIGAN

# MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE CLAIM OF:



Reg. No.: 2011-32880 Issue No.: 2026; 3000 Case No.:

Hearing Date: June 8, 2011

Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Susan Burke

# **HEARING DECISON**

This matter is before the undersigned Administ rative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon Claimant's request for a hearing. After due notic e, a hearing was held on June 8, 2011. The Claimant appear ed and testified. ES, appeared on behalf of the Department of Human Services (Department).

# <u>ISSUE</u>

Was the Department correct i n its decis ion to impose a deductible of \$451.00 for Claimant's Medical Assistance (MA) case?

Was the D epartment correct in its calculation of Claimant's Food Assistance Program (FAP) grant?

## 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 was an ongoing recipient of MA and FAP.
- Claimant received \$556.00 every two weeks in unemployment benefits.
- 3. Claimant's son received \$276.00 per month in SSI, plus a supplement of \$14.00.
- 4. The Depar tment determined that Claim ant was entitled to \$103.00 in F AP benefits and that Claimant's MA case was subject to a \$451.00 deductible.
- 5. Claimant requested a hearing regarding FAP and MA.

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6. At the hearing, Claimant stated she was no longer c ontesting the amount of FAP benefits.

# **CONCLUSIONS OF LAW**

# MEDICAL ASSISTANCE

The Medic al Assistance (MA) or Medicaid 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 (forme rly 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), which includes Reference Tables (RFT).

The goal of the MA program is to ensure that essential health care services are made available to those who otherwise could not afford them. BEM105.

The State of Michigan has set guidelines for income, which determine if an MA group is eligible. Income eligibility exists for the calendar month tested when:

- There is no excess income, or
- Allowable medical expens es equal or exceed the ex cess income (under the deductible guidelines.) BEM 545.

Net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. BEM 105. 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 f or 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 siz e. BEM 544. An eligible Medical Assistance group (Group II MA) has income the same as or le ss than the "protected income level" as set forth in the policy contained in the program reference table.

An individual or MA group whos e income is in excess of the mont hly protected income level is ineligible to receive M A. Howe ver, an MA group may become eligible for assistance under the deductible program. A deductible 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

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the third month following the month it wants medical coverage. BEM 545; 42 CF R 435.831.

The monthly protected inc ome level for a Medical As sistance group of one living in Wayne County is \$375.00 per month. RFT 200, 240.

With regard to Claim ant's MA case, Claim ant's net income of (\$826.00) exceeds the monthly protected income level (\$375.00) by \$451 .00 per month. Claimant is consequently ineligible to receive Medica I assistance. However under the deducible program, if the claimant incurs medical expenses in excess of \$451.00 during the month she may then be eligible for Medical Assistan ce. Claimant argues that she is unable to afford the medical deductible because of lim ited means. This Administrative Law J udge does sympathize with Claimant in this inst ance, but does not have the prerequisit e jurisdiction to change or alter Department policy and State law at the present time. It is noted that Claimant stat ed that she does not use her son's income for the household. However, the calculat ion of the MA deducti ble does not consider her son's income. This ALJ finds that the Department has acted in accordance with Department policy and law in imposing the stated deductible.

## FOOD ASSISTANCE PROGRAM

The regulations governing hearings and appeals for applica nts and recipients of public assistance in Michigan are found in the Mi chigan Administrati ve Code. MAC R 400.901-.951. MAC R 400.903 reads, in part:

An opportunity for a hearing shall be granted to an applicant who requests a hearing becaus e his claim for assistance is denied or is not acted upon—with reasonable prompt ness, and to any recipient who is ag—grieved by a Department of Human Services [department] action resulting in suspension, reduction, discontinuance, or termination of assistance.

In the present case, Claimant stated at the hearing that s he was no longer objecting to the actions of the Department with regard to her FAP case.

## **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusion sof law, decides that the Department's decision to impose a deductible of \$451.00 in her MA case was correct, and it is therefore—ORDERED that the Department's decision is AFFIRMED. It is further ORDERED that the matter regarding Claimant's FAP case is DISMISSED pursuant to MAC R 400.903.

Susan Burke
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: 6/17/11

Date Mailed: 6/17/11

**NOTICE:** Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party wit hin 30 days of the mailing date of this Decision and Order. Administrative Hear ings will not orde r a rehearing or reconsideration on the Department's mo tion where the final decis ion cannot be implemented within 60 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 ti mely request for rehearing was made, within 30 days of the receipt of the rehearing decision.

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