

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

IN THE MATTER OF:

[REDACTED]

[REDACTED]

[REDACTED]

HEARING DECISION

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on [REDACTED]. After due notice, a telephone hearing was held on [REDACTED].

ISSUE

Whether the Department of Human Services (Department) properly determined the Claimant's Medical Assistance (MA) eligibility?

FINDINGS OF FACT

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

1. The Claimant applied for Medical Assistance (MA) on [REDACTED]
2. The Claimant receives monthly unearned income in the gross monthly amount of [REDACTED]
3. On [REDACTED] the Department notified the Claimant that it had denied her Medical Assistance (MA) application under the Adult Medical Program (AMP) category due to excess income.
4. The Department received the Claimant's request for a hearing on [REDACTED] protesting the termination of her Medical Assistance (MA) benefits.

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), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

The Adult Medical Program (AMP) is established by Title XXI of the Social Security Act; (1115)(a)(1) of the Social Security Act, and is administered by the Department of Human Services (DHS or department) pursuant to MCL 400.10, et seq. Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Bridges Reference Manual (BRM).

All earned and unearned income available to the Claimant is countable. Earned income means income received from another person or organization or from self-employment for duties for duties that were performed for compensation or profit. Unearned income means all income that is not earned, including but not limited to funds received from the Family Independence Program (FIP), State Disability Assistance (SDA), Child Development and Care (CDC), Medicaid (MA), Social Security Benefits (RSDI/SSI), Veterans Administration (VA), Unemployment Compensation Benefits (UCB), Adult Medical Program (AMA), alimony, and child support payments. The amount counted may be more than the client actually receives because the gross amount is used prior to any deductions. BEM 500.

The Claimant applied for Medical Assistance (MA) on [REDACTED]. The Claimant receives monthly unearned income in the gross monthly amount of [REDACTED]. The income limit to receive Medical Assistance (MA) under the Adult Medical Program (AMP) category is [REDACTED]. On [REDACTED], the Department notified the Claimant that it had denied her Medical Assistance (MA) under the Adult Medical Program (AMP) category due to excess income.

The Claimant argued that the Department should consider her net income when determining her eligibility to receive Medical Assistance (MA). The Claimant testified that the Department determined that she receives a net monthly income of [REDACTED]. The Claimant testified that a person with a monthly income of [REDACTED] should be eligible to participate in the Adult Medical Program (AMP).

The Department bases eligibility to receive benefits based on countable income, which is income remaining after applying the policy in the income related items are called countable. This is the amount used to determine eligibility and benefit levels. The Department will count all income that is not specifically excluded. BEM 500. All earned and unearned income available to the Claimant is countable for determining Medical Assistance (MA) eligibility.

In this case, the net income the Claimant referred to was the net income determination the Department used to determine her eligibility for the Food Assistance Program (FAP). The Department applied certain deductions to the FAP program that are not applicable to Medical Assistance (MA) eligibility. The net income figure from the Food Assistance Program (FAP) has no relevance to the Department's eligibility determination of eligibility for Medical Assistance (MA).

The claimant's grievance centers on dissatisfaction with the Department's current policy. The claimant's request is not within the scope of authority delegated to this Administrative Law Judge. Administrative Law Judges have no authority to make

decisions on constitutional grounds, overrule statutes, overrule promulgated regulations, or make exceptions to the department policy set out in the program manuals. Furthermore, administrative adjudication is an exercise of executive power rather than judicial power, and restricts the granting of equitable remedies. Michigan Mutual Liability Co. v Baker, 295 Mich 237; 294 NW 168 (1940).

Based on the evidence and testimony available during the hearing, the Department has established that it acted in accordance with policy when it terminated the Claimant's MA benefits due to excess income.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department acted in accordance with policy in determining the Claimant's MA eligibility.

The Department's MA eligibility determination is AFFIRMED. It is SO ORDERED.

_____/s/_____
[Redacted Signature]

Date Signed: _____

Date Mailed: _____

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 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 timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

[Redacted]