

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

IN THE MATTER OF:

Issue
Case
Hearing

Reg. No. 2011-22960
No. 2026
No.
Date:

Oakland County DHS (04)

ADMINISTRATIVE LAW JUDGE:

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; MSA 16.409 and MCL 400.37; MSA 16.437 upon the Claimant's request for a hearing. After due notice a telephone hearing was held on . The Claimant personally appeared and testified. FIM appeared and testified on behalf of the Department.

ISSUE

Did the Department properly compute the Claimant's Medical Assistance (MA) deductible?

FINDINGS OF FACT

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

1. The Claimant applied for Medicaid on . The Department determined the Claimant was not eligible for active Medicaid due to his income

2. The Claimant receives RSDI in the amount of [REDACTED] per month. This amount was confirmed as correct by the Claimant.
3. The Department calculated a spend down budget determining the Claimant's spend down amount to be [REDACTED]. The budget the Department prepared is correct.
4. The Claimant testified that he was in need of dental services and was unsure whether the services were covered.
5. The Claimant requested a hearing on [REDACTED] seeking to have dental services that he needed and appealing the Department's determination of his spend down amount.

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 (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 Bridges Reference Manual (PRM).

In the instant case, the Claimant questions the Department's calculation of his Medical Assistance (MA) deductible and whether the dental medical assistance will be provided or covered under the Medicaid deductible.

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 the third month following the month it wants medical coverage. BEM 545.

The undersigned has reviewed the MA budget and found it to be correct. The claimant's unearned income is [REDACTED] per month, a [REDACTED] standard exclusion, and no Medicaid Part B premium was deducted and a protected income limit of [REDACTED] equals a [REDACTED] deductible. ([REDACTED] - [REDACTED] = [REDACTED] - [REDACTED] = [REDACTED]) Exhibit 1, Income Budget Results

To determine whether an individual is eligible for Group 1 or Group 2 MA, the individual's protected income level (PPL) must be determined. The monthly protected income level for a Medical Assistance group of one living in Oakland County is [REDACTED] per month. RFT 240, RFT 200.

The PPL is a set allowance which is set to cover 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. If the fiscal group has net income that is the same or less than the PPL, RFT 240, then it will qualify for MA. If the net income is over the PPL, as is the case involving the Claimant, then the fiscal group may become eligible for assistance under the deductible program.

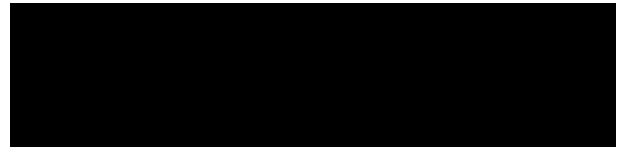
The Claimant advised in his hearing summary that he is in dire need of medical (dental) assistance. BAM 402 indicates that dental services may be covered. The policy also goes on to caution that some services may be age limited and that the best determination as to whether services may be covered is to contact the provider, in this

case dental service provider directly. Some of the services listed are available only to certain age groups, and may be limited in their scope or may require prior approval. Local office staff are not expected to be the recipient's primary source of information for MA covered services. The recipient should be advised to contact the medical services provider directly whenever information is needed regarding MA covered services. Id at page 15.

This ALJ sympathizes with the claimant but there is nothing that can be done to change the above equation. The claimant is encouraged to contact dental providers to determine what dental services may be covered.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, AFFIRMS the Department's decision in the instant case.



Administrative Law Judge
for Maura Corrigan, Director
of Human Services

Department

Date Signed: 05/04/11

Date Mailed: 05/06/11

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.

cc:

[REDACTED]

Oakland County DHS (Dist #04)

[REDACTED]

Administrative

Hearings