

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

IN THE MATTER OF:

[REDACTED]

[REDACTED]

ADMINISTRATIVE LAW JUDGE: [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 Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of [REDACTED]
3. On [REDACTED], the Department determined that the Claimant was not eligible for Medical Assistance (MA) under the AD-CARE category due to excess income.
4. The Department received the Claimant's request for a hearing on [REDACTED] protesting the denial of Medical Assistance (MA) under the [REDACTED] category.

### **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).

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.

In this case, the Claimant applied for Medical Assistance (MA) on [REDACTED], as a group of two. The Claimant receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of [REDACTED]. The income limit to receive Medical Assistance (MA) under the AD-CARE category as a group of two is [REDACTED]. [REDACTED] Department denied the Claimant benefits under the AD-CARE category.

Since the Department denied benefits under the AD-CARE category, the Claimant has been approved under a different category of Medical Assistance (MA). During the hearing, the Claimant testified that he disputed the amount of the patient co-payment amounts associated with these benefits.


However, the Department's approval of the Claimant for Medical Assistance (MA) occurred after he requested a hearing to protest the denial of [REDACTED] benefits. The Claimant's grievance concerning subsequent Department actions will have to be dealt with by the Claimant's request for an additional hearing so that the Department can prepare itself to explain its actions to the Claimant.

Based on the evidence and testimony available during the hearing, the Department has established that it properly determined that the Claimant is not eligible for Medical Assistance (MA) under the [REDACTED] category 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 eligibility for Medical Assistance (MA) under the AD-CARE category.

The Department's Medical Assistance (MA) eligibility determination is AFFIRMED. It is SO ORDERED.

\_\_\_\_\_/s/\_\_\_\_\_  


Date Signed: \_\_4/11/11\_\_\_\_\_

Date Mailed: \_\_4/11/11\_\_\_\_\_

**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 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.

