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

IN THE MATTER OF:								
	Reg. No.: Issue Nos.: Case No.: Hearing Date: County:	2012-34657 2013; 3002; 3003 May 2, 2012 Wayne (82-19)						
ADMINISTRATIVE LAW JUDGE: Robert J. Chave	ez							
HEARING DECISION								
This matter is before the undersigned Administrative and MCL 400.37 following Claimant's request for person hearing was held on May 2, 2012, from Inker of Claimant included of the Department of Human Services (Department)	r a hearing. Aft ster, Michigan. P . P	er due notice, a in-						
<u>ISSUE</u>								
Due to excess income, did the Department properly \square deny the Claimant's application \square close Claimant's case \boxtimes reduce Claimant's benefits for:								
Food Assistance Program (FAP)?		sistance (AMP)? ssistance (SDA)? nt and Care (CDC)?						
FINDINGS OF FACT								
The Administrative Law Judge, based on the cevidence on the whole record, finds as material fac		rial, and substantial						
1. Claimant ☐ applied for benefits for: ☒ red	ceived benefits for	r:						
☐ Family Independence Program (FIP). ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	•	sistance (AMP). assistance (SDA). ent and Care (CDC).						

2.	On December 1, 2011, the Department denied Claimant's application closed Claimant's case reduced Claimant's benefits due to excess income.								
3.	On November 18, 2011, the Department sent Claimant Claimant's Authorized Representative (AR) notice of the denial. closure. reduction.								
4.	On February 22, 2012, Claimant or Claimant's AHR filed a hearing request, protesting the ☐ denial of the application. ☐ closure of the case. ☐ reduction of benefits.								
	CONCLUSIONS OF LAW								
	partment policies are contained in the Bridges Administrative Manual (BAM), the dges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).								
	The Adult Medical Program (AMP) is established by 42 USC 1315, and is ministered by the Department pursuant to MCL 400.10, et seq.								
Re 42 Ag thr	The Family Independence Program (FIP) was established pursuant to the Personal sponsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, USC 601, et seq. The Department (formerly known as the Family Independence ency) administers FIP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 400.3101 ough Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program ective October 1, 1996.								
pro imp Re Ag	The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) ogram] is established by the Food Stamp Act of 1977, as amended, and is plemented by the federal regulations contained in Title 7 of the Code of Federal ogulations (CFR). The Department (formerly known as the Family Independence ency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 0.3001 through Rule 400.3015.								
Se Th	The Medical Assistance (MA) program is established by the Title XIX of the Social curity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). e Department (formerly known as the Family Independence Agency) administers the A program pursuant to MCL 400.10, et seq., and MCL 400.105.								
for as	The State Disability Assistance (SDA) program, which provides financial assistance disabled persons, is established by 2004 PA 344. The Department (formerly known the Family Independence Agency) administers the SDA program pursuant to MCL 0.10, et seq., and 2000 AACS, Rule 400.3151 through Rule 400.3180.								
	The Child Development and Care (CDC) program is established by Titles IVA, IVE d XX of the Social Security Act, the Child Care and Development Block Grant of								

1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.

While Claimant was far over the 90-day time limit for filing a hearing request with regard to the actions in question, Claimant may request a recalculation of her budget at any time, per BAM 600. Therefore, as Claimant became eligible for a \$764 MA Group 2 deductible on December 1, 2012, Claimant is still timely to request a hearing for that date only. Claimant is untimely to request a recalculation of her FAP budget retroactive to October 1, 2012, but is still timely for a hearing for the benefit month of December 1, 2012, to current, and the Administrative Law Judge shall make a determination from that date.

With regard to the MA eligibility determination, the State of Michigan has set guidelines for income, which determine if an MA group is eligible. Claimant is not eligible for Group 1 Medicaid. Net income (countable income minus allowable income deductions) must be at or below a certain income limit for Group 1 eligibility to exist. BEM 105.

For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for FIP-related and SSI-related Group 2 categories. BEM 105. Income eligibility exists for the calendar month tested when:

- There is no excess income, or
- Allowable medical expenses equal or exceed the excess income (under the Deductible Guidelines).

BEM 545.

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 for 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.

An eligible Medical Assistance group (Group 2 MA) has income the same as or less than the "protected income level" as set forth in RFT 240. An individual or MA group whose income is in excess of the monthly protected income level is ineligible to receive MA.

However, an MA group may become eligible for assistance under the deductible program. The deductible program 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; 42 CFR 435.831.

The MA budgets included Claimant's child support arrearage income. Per policy, this income must be counted as income to the group. The Administrative Law Judge has reviewed the budgets and found no errors. Claimant herself was unable to point out specifically what parts of the budget she felt were in error. Claimant argued that the budget was unfair, but did not dispute policy. Therefore, Claimant only becomes eligible for Group 2 MA when the excess income, calculated to be \$764, is spent. This amount was calculated after considering Claimant's allowed protected needs level. The undersigned cannot point to any errors in the budgets and must conclude that the Department's calculations were correct.

When determining eligibility for FAP benefits, the household's total income must be evaluated. All earned and unearned income of each household member must be included unless specifically excluded. BEM, Item 500. A standard deduction from income of \$146 is allowed for certain households. Certain non-reimbursable medical expenses above \$35 a month may be deducted for senior/disabled/veteran group members. Another deduction from income is provided if monthly shelter costs are in excess of 50% of the household's income after all of the other deductions have been allowed, up to a maximum of \$459 for non-senior/disabled/veteran households. BEM, Items 500 and 554; RFT 255; 7 CFR 273.2. Only heat, electricity, sewer, trash and telephone are allowed deductions. BEM 554. Any other expenses are considered non-critical and, thus, not allowed to be deducted from gross income. Furthermore, RFT 255 states exactly how much is allowed to be claimed for each deduction.

In this case, the Administrative Law Judge has reviewed the FAP budget and finds that the Department properly computed Claimant's gross income. The gross income amount must be counted as income. The federal regulations at 7 CFR 273.10 provide standards for the amount of a household's benefits. The Department, in compliance with the federal regulations, has prepared issuance tables which are set forth at Bridges Reference Manual, Table 260. The issuance table provides that a household with a household size and net income of Claimant is eligible for an FAP amount of \$88. The Administrative Law Judge has reviewed the budget and found no significant errors. Claimant was unable to point out specifically what parts of the budget she felt were in error. Per policy, Claimant's child support arrearage must be counted as income to her group, as, per her testimony, it is not being directly forwarded to her child.

While claimant protested that other expenses should have been considered, ultimately, policy does not allow for any expenses to be considered besides excess shelter, which, according to Claimant's own testimony, were already taken into account.

Based upon the above Fin-	dings of Fact a	and Conclusion	ons of Law,	, and	for the	reasons
stated on the record, the	Administrative	Law Judge	concludes	that,	due to	excess
income, the Department	$oxed{\boxtimes}$ properly	imprope	erly			

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Date Signed: May 14, 2012

Date Mailed: May 14, 2012

NOTICE: Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (60 days for FAP cases)

for Maura Corrigan, Director Department of Human Services

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

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Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative Hearings Reconsideration/Rehearing Request P. O. Box 30639
Lansing, Michigan 48909-07322

RJC/pf

