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

#### IN THE MATTER OF:



Reg. No.: Issue No.: Case No.:	2012-40307 2019
Hearing Date:	September 24, 2012
County:	Wayne (82-17)

### ADMINISTRATIVE LAW JUDGE: Jan Leventer

## **HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a hearing was held on September 24, 2012, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and witness, . Participants on behalf of the Department of Human Services (Department) included

#### ISSUE

Due to excess income, did the Department properly deny the Claimant's application  $\Box$  close Claimant's case  $\boxtimes$  reduce Claimant's benefits for:

Family Independence Program (FIP)?

Food Assistance Program (FAP)?

- Adult Medical Assistance (AMP)?
  - State Disability Assistance (SDA)?

Medical Assistance (MA)?

Child Development and Care (CDC)?

## **FINDINGS OF FACT**

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

 $\square$  applied for benefits for:  $\square$  received benefits for: 1. Claimant



Family Independence Program (FIP). Food Assistance Program (FAP).

Medical Assistance (MA).

Adult Medical Assistance (AMP).

State Disability Assistance (SDA).

Child Development and Care (CDC).

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- On April 1, 2012, the Department ☐ denied Claimant's application
  ☐ closed Claimant's case ☑ reduced Claimant's benefits due to excess income.
- On N/A, the Department sent
  Claimant
  Claimant's Authorized Representative (AR)
  notice of the
  denial.
  closure.
  reduction.
- 4. On March 9, 2012, Claimant or Claimant's AHR filed a hearing request, protesting the

 $\Box$  denial of the application.  $\Box$  closure of the case.  $\Box$  reduction of benefits.

#### CONCLUSIONS OF LAW

Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq*.

☐ The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

☐ The Food Assistance Program (FAP) [formerly known as the Food Stamp (FS) program] is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1999 AC, Rule 400.3001 through Rule 400.3015.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, *et seq.*, and 2000 AACS, Rule 400.3151 through Rule 400.3180.

🗌 The	Child E	Develop	ment and	Care	e (C	DC) p	rogran	n is (	established by	Titles	IVA, ľ	VE
and 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.

Additionally, it is found and determined that in 2011, Claimant's total unearned income, including Retirement, Survivors and Disability Insurance (RSDI) from the U.S. Social Security Administration and two pensions, was \$1,079. At that time, the Department's Specified Low-Income Medicare Beneficiaries (SLMB) program was available to people whose gross income was between \$909 and \$1,090. RFT 242 (2012).

Claimant's income of \$1,079 was within the income range for the SLMB program. As a result, the Department approved Claimant for SLMB. BEM 165 (2010), p. 1; RFT 242 (2012), 246 (2012).

As a participant in SLMB, Claimant received partial coverage from the Medicaid program to pay a portion of her Medicare insurance premiums.

On January 1, 2012, Claimant's RSDI benefit increased from \$885 to \$916. The \$32 increased Claimant's gross unearned income from \$1,089 to \$1,111, which is \$21 over the SLMB program limit of \$1,090. RFT 242.

On March 14, 2012, the Department terminated Claimant's SLMB coverage based on her excess income, effective April 1, 2012. Also on March 14, 2012, the Department approved coverage for Claimant in the Additional Low-Income Medicare Beneficiaries (ALMB) program effective April 1, 2012. The ALMB program provided less coverage of Claimant's Medicare insurance premiums than Claimant received previously in the SLMB program.

In this hearing, Claimant disputes the Department's decision to transfer her from SLMB to ALMB. Claimant argues that although her gross income increased by \$32, the additional responsibility to pay a larger portion of her Medicare premiums results in a decrease in income sufficient to requalify her for the SLMB program.

It is found and determined that Claimant's argument is without merit because the Department is required to use gross income in its calculations. Claimant is asking the Department to disregard her gross income and to use her Medicare premium as a medical expense deduction from her gross income. BEM 500, "Income Overview," states that the Department must use the customer's gross income as the starting point to determine eligibility. BEM 500 (2012), p. 2.

Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that, due to excess income, the Department

denied Claimant's application

 $\leq$  reduced Claimant's benefits

closed Claimant's case

# for: $\square$ AMP $\square$ FIP $\square$ FAP $\boxtimes$ MA $\square$ SDA $\square$ CDC.

## **DECISION AND ORDER**

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department  $\Box$  did act properly  $\Box$  did not act properly.

Accordingly, the Department's AMP FIP FIP AP MA SDA CDC decision	n
is 🖂 AFFIRMED 🗌 REVERSED for the reasons stated on the record.	

Jan

Jan Leventer Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: September 27, 2012

Date Mailed: September 27, 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)

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.

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

JL/pf

