

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

IN THE MATTER OF:



Reg. No.: 201245728
Issue No.: 2026
Case No.: [REDACTED]
Hearing Date: June 7, 2012
County: Monroe DHS

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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, an in-person hearing was held on June 7, 2012 from Monroe, Michigan. Participants included [REDACTED], Claimant's authorized hearing representative (AHR). Participants on behalf of Department of Human Services (DHS) included [REDACTED], Specialist.

ISSUE

The issue is whether DHS properly determined Claimant's eligibility for Medical Assistance (MA) effective 5/2012 as Medicaid subject to a \$537/month 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. Claimant was an ongoing Medicaid recipient.
2. In 2011, Claimant received Retirement, Survivors, Disability Insurance (RSDI) of \$1028/month.
3. Beginning 1/2012, Claimant's RSDI benefits increased to \$1065/month.
4. On 3/23/12, DHS mailed Claimant a Notice of Case Action (Exhibit 1) informing Claimant of a reduction of Claimant's MA benefit eligibility from ongoing Medicaid to Medicaid subject to a \$537 deductible.
5. On 4/3/12, Claimant requested a hearing to dispute the MA benefit reduction.

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). DHS 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 Reference Tables Manual (RFT).

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

Clients may qualify for Medicaid under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income. BEM 105 at 2. As a disabled person, Claimant may qualify for MA benefits through Aged-Disabled Care (AD-Care) or Group 2 Spend-Down (G2S). AD-Care and G2S are both SSI-related categories. BEM 163 outlines the proper procedures for determining AD-Care eligibility. BEM 166 outlines the proper procedures for determining G2S eligibility.

For both types of MA coverage, DHS is to count the gross RSDI benefit amount as unearned income. BEM 503 at 20. It was not disputed that Claimant's gross monthly income was \$1065. It was also not disputed that DHS budgeted \$965 for Claimant's RSDI; \$965 was Claimant's net RSDI. For purposes of this decision, the more favorable RSDI amount (i.e. the lower amount) for Claimant will be accepted as the correct amount to budget.

DHS allows a \$20 income disregard. It is found that Claimant's net income for purposes of MA benefit eligibility is \$945.

For purposes of AD-care, DHS budgets credits for employment income, guardianship expenses, conservator expenses and cost of living adjustments (for January through March only). It was established that Claimant did not have these expenses.

Income eligibility for AD-Care exists when net income does not exceed the income limit for the program. BEM 163. The net income limit for AD-Care for a one person MA group is \$931/month. RFT 242. It is found that DHS properly determined Claimant to be ineligible for AD-Care based on excess income.

A recipient with excess income for ongoing Medicaid may still be eligible for Medicaid under the deductible program. Clients with a Medicaid deductible may receive Medicaid 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. BEM 545 at 9. The client must report medical expenses by the last day of the third month following the month in which the group wants MA coverage. *Id.*

Claimant may still receive MA benefits subject to a monthly deductible through the G2S program. The deductible is calculated by subtracting Claimant's Protected Income Level (PIL) from Claimant's MA net income. The protected income level (PIL) is a set allowance for non-medical need items such as shelter, food and incidental expenses. The PIL for Claimant's shelter area is \$408. RFT 240 at 1.

The G2S budget also factors insurance premiums, remedial services and ongoing medical expenses. Claimant did not claim to pay insurance premiums or remedial services. Claimant's AHR testified that Claimant had ongoing medical expenses but the expenses were not yet presented to DHS. Thus, DHS properly did not factor ongoing medical expenses into the decision. Claimant may provide proof of ongoing medical expenses for consideration in future MA benefit months.

Subtracting the PIL (\$408) from the MA group's net income (\$945) results in a monthly deductible of \$537, the same amount calculated by DHS. It is found that DHS properly calculated Claimant's MA benefit eligibility as Medicaid subject to a \$537/month deductible.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly determined Claimant's eligibility for MA benefits as Medicaid subject to a \$537/month deductible. The actions taken by DHS are AFFIRMED.



Christian Gardocki
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: June 18, 2012

Date Mailed: June 18, 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 **MAY** 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

CG/hw

cc:

