

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

IN THE MATTER OF:

████████████████████
████████████████████
████████████████████

Reg. No.: 2013 38402
Issue No.: 2026
Case No.: ██████████
Hearing Date: May 9, 2013
County: Wayne County DHS (43)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 telephone hearing was held on May 9, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant's Authorized Hearing Representative, ██████████ ██████████ who appeared as a witness. Participants on behalf of the Department of Human Services (Department) included ██████████, FIM, and ██████████ ██████████ ES.

ISSUE

Did the Department properly determine the deductible for the Claimant's:

- | | |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)? | <input type="checkbox"/> Adult Medical Assistance (AMP)? |
| <input type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> 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:

1. Claimant applied for benefits received benefits for:

- | | |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP). | <input type="checkbox"/> Adult Medical Assistance (AMP). |
| <input type="checkbox"/> Food Assistance Program (FAP). | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input checked="" type="checkbox"/> Medical Assistance (MA). | <input type="checkbox"/> Child Development and Care (CDC). |

2. After a redetermination was conducted the Department determined that the Claimant had a Medicaid deductible of \$704 based upon his income of \$1099. Exhibits 1, 2 and 3.
3. The Department also as of May 9, 2013 determined that the Claimant had ongoing medical expenses of \$726 for chore services and thus the deductible of \$704 was met ongoing and the Claimant had full Medicaid Coverage.
4. Previous ongoing medical expenses of \$646 and \$600 were removed from the ongoing expenses as they were no longer being incurred as determined by the redetermination. These expenses were removed as of March 1, 2013 and replaced by the Medical expenses referenced in paragraph 3 of this Findings of Fact.
5. The Department provided an eligibility summary indicating that the Claimant was eligible for full Medicaid coverage ongoing. Exhibits 1,2 and 3.
6. On March 28, 2013 the Claimant's AHR filed a hearing request, protesting the imposition of a deductible and removal of the medical expenses that the Department determined were no longer ongoing medical expenses.

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 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 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.

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 State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department of Human Services (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 Development and Care (CDC) program is established by Titles IVA, IVE 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, during the hearing it was determined that as a result of a redetermination the Department recalculated the Claimant's spend down amount based upon updated income of \$1099. The amount of this unearned income was confirmed as correct by the Claimant's Authorized Representative. Based upon the income the Department determined that the Claimant was eligible for Medicaid subject to a deductible of \$704. The budget prepared by the Department was reviewed and is determined that the deductible as calculated by the Department of \$704 is correct.

During the redetermination the Department reviewed ongoing medical expenses and determined that the medical expenses previously entered by the Department were incorrect and removed the expenses as ongoing expenses. The Department however also added updated ongoing medical expenses in the amount of \$726 for chore services and based on these ongoing medical expenses, the Claimant no longer has any deductible amount to meet as the ongoing expenses fulfill the deductible. Thus although old expenses were removed new expenses were added and the medical coverage remained in full force and effect as regards the Claimant's eligibility. Based upon these actions by the Department it appears that no issue remains to be resolved as it is determined that the Deductible amount was correctly determined by the Department and there is no deductible to be met as the ongoing medical expenses fulfill the deductible amount. Based upon these facts there appears to be no issue remaining to be resolved.

At the hearing the Claimant's Authorized Representative asserted on his behalf that a letter issued by the Department in 1997 granted ongoing Medicaid without any deductible. Claimant Exhibit A. As explained at the hearing the letter was only applicable for the time period the Department determined benefits in 1997 and is not relevant to the Department's current eligibility determination regarding the Claimant's medical assistance as the current eligibility must be determined on current income received by the Claimant in the amount of \$1099.

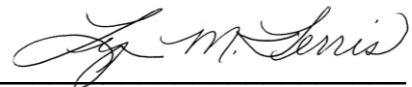
The Department provided an eligibility summary to verify full Medicaid coverage for the Claimant at the hearing and thus there is no other issue to be resolved as no change in coverage was made only a change in the deductible amount and the substitution of new medical expenses in the amount of \$726. Based upon the Department's representations on the record and Exhibits 1, 2 and 3 which were admitted into evidence there appears to be no further issue to be determined regarding the medical assistance coverage as the Claimant is eligible for full Medicaid.

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 the Department properly determined the Claimant's Medicaid deductible and confirmed that Claimant is eligible for full Medicaid as the deductible is met by ongoing medical expenses, and therefore no issue remains to be determined as a result of the Department's actions.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated in this Decision, finds that the Department properly determined the Claimant's Medicaid deductible and confirmed that Claimant is eligible for full Medicaid as the deductible is met by ongoing medical expenses, and therefore no issue remains to be determined as a result of the Department's actions.

Accordingly the Department's Actions are AFFIRMED.



Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: May 31, 2013

Date Mailed: May 31, 2013

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 affect the substantial rights of the claimant:
 - 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

LMF/cl

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
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