

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 201321264
Issue No.: 2015
Case No.: [REDACTED]
Hearing Date: May 9, 2013
County: Wayne DHS (18)

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, a telephone hearing was held on May 9, 2013, from Detroit, Michigan. Participants included the above-named Claimant. [REDACTED] testified on behalf of Claimant. Participants on behalf of Department of Human Services (DHS) included [REDACTED], Specialist.

ISSUE

The issue is whether DHS properly determined Claimant's Medical Assistance (MA) eligibility.

FINDINGS OF FACT

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

1. On 12/4/12, Claimant applied for MA benefits.
2. Claimant was a non-disabled individual under 21 years of age.
3. Claimant's total monthly employment income was \$693.75.
4. Claimant had no insurance premium, remedial service or ongoing medical expenses.
5. On 12/6/12, DHS determined Claimant was eligible for Medicaid subject to a \$228 deductible, effective 12/2012.

6. On 12/17/12, Claimant requested a hearing to dispute the MA benefit determination.

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).

Prior to a substantive analysis of Claimant's hearing request, it should be noted that the request noted that Claimant had an authorized hearing representative. Claimant testified that she was capable of acting as her own advocate and that she did not require an authorized hearing representative.

In the present case, Claimant requested a hearing to dispute a determination that Claimant was eligible for Medicaid subject to a deductible. Claimant testified that DHS should have factored that she requires regular medication, has a disabled father, an unemployed mother and is a college student. The expenses noted by Claimant are irrelevant to an MA benefit determination. To determine the correctness of the MA benefit determination, some background information of Medicaid is required.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 at 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* Claimant implied that she was disabled, but also testified that she did not want to be considered disabled and that she wanted to work. The only eligible MA program for which Claimant is eligible is MA benefits for being under 21 years old through the Group 2- Under 21 (G2U) program.

Income calculations for all Group 2 MA categories are located within BEM 536. It was not disputed that Claimant received employment income. DHS verified that Claimant received the following gross income weekly pays: \$194.25 on 12/1/12, \$88.80 on 11/24/12, \$216.45 on 11/17/12 and \$194.25 on 11/10/12 (see Exhibit 3). Adding Claimant's income results in a total of \$693.75. A \$90 disregard is applied to gross employment income, making Claimant's running countable income total \$603 (dropping cents). The running countable income is divided by the sum of 2.9 and Claimant's number of dependents (0- Claimant is not married and has no minor children). Dividing \$603 by 2.9 creates a prorated share of income of \$207. That number is multiplied by 2.9 to create the adult's share of the adult's own income of \$603 (dropping cents). DHS allows deductions for insurance premiums, remedial services and ongoing medical expenses; none of these expenses were alleged. The income limit for G2U eligibility is

\$375. RFT 240 (7/2007), p. 1. It is found that DHS properly did not find Claimant eligible for Medicaid under the G2U program.

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.

The amount that Claimant's total net income (\$603) exceeds the income limit (\$375) for G2C is the amount of Claimant's deductible. It is found that Claimant's Medicaid deductible is \$228, the same amount calculated by DHS (see Exhibit 2).

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly determined Claimant to be eligible for Medicaid subject to a \$228/month deductible, effective 12/2012. The actions taken by DHS are AFFIRMED.



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

Date Signed: 5/20/2013

Date Mailed: 5/20/2013

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 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:

