

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No: 2013-13642  
Issue No: 2019  
Case No: [REDACTED]  
Hearing Date: April 30, 2013  
Oakland County DHS #4

**ADMINISTRATIVE LAW JUDGE:** Carmen G. Fahie

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on November 13, 2012. After due notice, a telephone hearing was held on Tuesday, April 30, 2013. The claimant was represented by her daughter and Power of Attorney (P.O.A.), [REDACTED] and the claimant's daughter's fiancée and P.O.A., [REDACTED]. The department was represented by [REDACTED], ES.

**ISSUE**

Whether the Department of Human Services (Department) properly determined the Claimant's Medical Assistance (MA) patient pay amount eligibility?

**FINDINGS OF FACT**

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

1. The Claimant is an ongoing recipient of Medical Assistance (MA) benefits in a long term facility and does not have a community spouse. Department Exhibit 24-34.
2. On November 7, 2012, the Department completed a routine redetermination of the Claimant's eligibility to receive assistance.
3. The Claimant receives monthly unearned income in the gross monthly amount of \$ [REDACTED] in Social Security RSDI income, State Street Pension \$ [REDACTED] State of Michigan pension \$ [REDACTED] Kroger pension \$ [REDACTED] and a Federal pension \$ [REDACTED] for a gross unearned income amount of \$ [REDACTED] Department Exhibit 8-13.
4. The Department completed a MA budget that determined the Claimant was eligible for MA benefits with a patient pay amount (ppa) of \$ [REDACTED] Department Exhibit 6.

5. On November 7, 2013, the Department sent the claimant and her P.O.A. notice of the department's action of the patient pay amount of \$ [REDACTED]
6. The Department received the Claimant's request for a hearing on November 13, 2012, protesting her Medical Assistance deductible.

### **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). The Department of Human Services (DHS or Department) 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), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. Medicaid is also known as Medical Assistance (MA). BEM 105.

The State of Michigan has set guidelines for income, which determine if an MA group is eligible. Income eligibility exists for the calendar month tested when:

- There is no excess income, or
- Allowable medical expenses equal or exceed the excess income. BEM 545.

Net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. BEM 105. 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 the policy contained in the Program Reference Table (RFT). An individual or MA group whose income is in excess of the monthly protected income level is ineligible to receive MA. However, a 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.

A review of claimant's case reveals that the Department budgeted correct amount of \$ [REDACTED] in unearned income received by the Claimant. Claimant's "patient allowance" is \$ [REDACTED] and this amount cannot be changed either by the Department or by this Administrative Law Judge. The Claimant's ppa amount is \$ [REDACTED] which is the patient

allowance of \$ [REDACTED] minus the gross unearned income of \$ [REDACTED] Department Exhibit 6. Therefore, the Department has met its burden that the Claimant has a ppa of \$ [REDACTED] that she must meet in order to qualify for MA. The Department has established that it properly determined that the Claimant's Medical Assistance (MA) deductible. BEM 503 and 546.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department acted in accordance with policy in determining the Claimant's MA eligibility.

The Department's MA eligibility determination is **AFFIRMED**. It is SO ORDERED.

/s/

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Carmen G. Fahie  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: May 14, 2013

Date Mailed: May 15, 2013

**NOTICE:** Administrative Hearings 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. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 60 days of the filing of the original request.

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.

CGF/hj

cc:

[REDACTED]