

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

**IN THE MATTER OF:**

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

Reg. No.: 2013-35068  
Issue No.: 2014  
Case No.: ██████████  
Hearing Date: June 17, 2013  
County: Wayne (19)

**ADMINISTRATIVE LAW JUDGE:** Zainab Baydoun

**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 June 17, 2013, from Detroit, Michigan. Claimant appeared and testified. Participants on behalf of the Department of Human Services (Department) included ██████████, Assistance Payment Worker, and ██████████ ██████████ Assistance Payment Supervisor. .

**ISSUE**

Did the Department act in accordance with Department policy when it closed Claimant's Medical Assistance (MA) case based on excess income?

**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 recipient of MA.
2. In connection with a redetermination, Claimant's eligibility for MA was reviewed.
3. On March 1, 2013, the Department sent Claimant a Notice of Case Action, notifying her that her MA case would be closing effective April 1, 2013 because her income exceeded the limit. (Exhibit 3)

## CONCLUSIONS OF LAW

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

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.

Additionally, AD-Care is available to persons who are aged or disabled (AD). Net income cannot exceed 100% of the poverty level. BEM 163 (October 2010), p.1. Income eligibility exists when net income does not exceed the income limit in RFT 242. BEM 163, p. 2. The monthly income limit for a group size of one is \$931.00. RFT 242 (May 2012), p. 1.

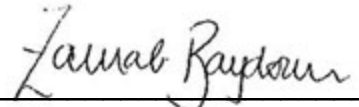
In this case, Claimant was an ongoing recipient of MA under AD-Care, a SSI related MA program. Claimant's eligibility for AD-Care was reviewed in connection with a redetermination and the Department found that due to excess income, she was no longer eligible. The Department notified Claimant of the intended closure of her MA case on March 1, 2013 with an effective closure date of April 1, 2013. (Exhibit 3). Claimant requested a hearing to dispute the closure of her AD-Care MA case.

At the hearing, SSI Related Medicaid Income Budget Results was reviewed. (Exhibit 1). The Department determined that Claimant had unearned income of \$1,437.00 which came from Retirement, Survivors, Disability Insurance (RSDI) benefits. (Exhibits 1 and 2). Claimant verified that she receives gross monthly RSDI benefits of \$1,437.00 and the Department also presented an SOLQ confirming this amount. (Exhibit 2). The Department properly subtracted the \$20.00 disregard to establish that Claimant's total net income for MA purposes is \$1,417.00. BEM 530 (October 2012), p 1; BEM 541 (January 2011), p 3

Because Claimant's net income of \$1,417.00 for MA purposes exceeds the monthly income limit of \$931.00, the Department did act in accordance with Department policy when it closed Claimant's AD-Care MA case due to excess income. RFT 242, p. 1. Claimant expressed further concerns regarding the type of MA benefits she was currently receiving and the amount of her deductible; however, because Claimant did not receive notice of this deductible amount until after March 11, 2013, the date of her hearing request, the deductible issue was not addressed at the hearing. Claimant was informed that she could request a hearing regarding the amount of her deductible if she is still not in agreement with 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 on the record, finds that the Department acted in accordance with Department policy when closed Claimant's AD-Care MA case due to excess income. . Accordingly, the Department's decision is AFFIRMED.



---

**Zainab Baydoun**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: July 8, 2013

Date Mailed: July 8, 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

ZB/cl

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]