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

IN THE MATTER OF: Reg. No. 2013-40219

Issue No: 2026

Case No:

Hearing Date: July 24, 2013

Ottawa County DHS

ADMINISTRATIVE LAW JUDGE: Corey A. Arendt

HEARING DECISION

This matter is before the undersigned Administ rative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claim ant's request for a hearing. After due notice, a telephone hearing was held on J uly 24, 2013 from Lansing, Michigan. Participants on behalf of Claimant included Participants on behalf of Department of Human Services (Department) included

ISSUE

Whether the Department proper ly determined the Claimant's Medical Assistance (MA) deductible?

FINDINGS OF FACT

I find as material fact, based on the compet ent, material, and substantial evidence on the whole record:

- Claimant received MA benefits.
- 2. On May 5, 2013, the Claimant request ed a hearing c hallenging her MA deductible amount.

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An oppor tunity for a hearing shall be granted to an applicant who requests a hearing because his claim for assistance is denied. MAC R 400.903(1). The department will provide an administrative hearing to review the decision and determine the appropriateness. BAM 600.

The MA program is established by T itle XIX of the Socia I Security Act and is implemented by T itle 42 of t he Code of F ederal Regulations (CFR). The Department

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administers the MA program pursuant to MCL 400.10, *et seq.*, and MC L 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

The goal of the MA program is to ensure that essential health care services are made available to those who otherwise could not afford them.

The State of Michigan has se t guide lines for income, which determine if a Medicaid 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 (under the Deductible Guidelines). 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 exc eed the Group 2 needs in BEM 544. BEM 166. The protected income level is a set allowance f or non-medical need items such as shelter, food and incidental expenses. RFT 240 lists the Group 2 Medicaid protected income levels based on shelter area and fiscal group size. BEM 5 44. An e ligible Medicaid 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 Reference Table (RFT). An individual or Medicaid group whose income is in excess of the monthly protected income level is ineligible to receive Medicaid. BEM 545.

However, a Medicaid 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 Medicaid, if sufficient allowable medical expenses are incurred. Each calendar month is a separate deductible leperiod. 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 Medicaid group must report expenses by the last day of the third month following the month it want smedical coverage. BEM 545; 42 CF R 435.831.

In order to qualify for Group 2 MA coverage, a medically needy person like the Claimant must have income which is equal to or le ss than the Protected Income Level. This dollar figure is a set amount for all non-medical needs, such as food, shelter and incidental expenses. If an individual's in come exceeds the Protected Income Level, the excess amount must be used to pay medical expenses before Group 2 MA coverage can begin. This process is known as a "deductible" case.

After an extensive review of Claimant 's undisputed budget I have determined all calculations were properly made at review, and all M. A issuance/budgeting rules were properly applied. As such, the Department's calculation of the Claimant's MA deductible is upheld.

DECISION AND ORDER

I find, based upon the above findings of fact and conclusions of law that the Department acted in accordance with policy in determining Claimant's MA deductible.

The Department's actions are **AFFIRMED**.

Corey A. Arendt Administrative Law Judge for Maura D. Corrigan, Director Department of Human Services

Date Signed: July 25, 2013

Date Mailed: July 25, 2013

NOTICE: Michigan Administrative Hearing S ystem (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the mailing date of this Dec ision and Order. MAHS will not order a rehearing or reconsideration on the Department's mo tion where the final decis ion 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 ti mely 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 <u>MAY</u> 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 ot her relevant iss ues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative hearings

Recons ideration/Rehearing Request

P. O. Box 30639

Lansing, Michigan 48909-07322

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