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

## IN THE MATTER OF:

Reg. No.: 2013-59510
Issue No.: 2014, 3002
Case No.:
Hearing Date: August 22, 2013
County:

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 August 22, 2013 fr om Lansing, Michigan. Participant s on behalf of Claimant inclu ded $\quad$ Participants on behalf of Department of Human Services (Department) included

## ISSUE

Did the Department properly determine the Claimant's Medical Ass istance (MA) deductible amount and Food Assistance Program (FAP) allotment?

## FINDINGS OF FACT

I find as material fact, based on the com petent, material, and su bstantial evidence on the whole record:

1. As of June 17, 2013, the Claimant was receiving FAP benefits and MA.
2. On May 31, 2013 a mid-certification review was completed.
3. On June 17, 2013, the Claimant requested a hearing challenging the amount of his FAP allotment and MA deductible.
4. On July 18, 2013, the Claimant request ed a hearing $c$ hallenging the amount of his FAP allot ment and MA deduct ible as well as the inclus ion of his transportation expenses.

## CONCLUSIONS OF LAW

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

The MA program is established by the Titl e XIX of the Social Security Act and is implemented by T itle 42 of $t$ he Code of F ederal Regulations (CFR). The Department (formerly known as the Fa mily Independence Agenc y) admin isters the MA program pursuant to MCL 400.10, et seq., and MCL 400.105.

The State of Michigan has se $t$ guide lines for income, whic $h$ 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 exces s income (under the Deductible Guidelines). BEM 545.

In this case, the Department provided bud gets and printouts of $t$ he Claimant's medic al expenses, but could not expl ain the hand writing o n some of the expens es and co uld not identify whether or not $t$ hey were or were not inc luded in the Claim ant's FAP and MA determinations. Therefore, I was unable to determi ne whether all calculations were properly made at review, and all MA issuance/budgeting rules were properly applied. As such, the Department's calcul ation of the Claim ant's FAP allotment and M A deductible is REVERSED.

Because the transportation expenses are part of the MA deductible consideration, I will not be addressing it in this dec ision. The issue may be moot based upon the new determinations the Department will be making.

## DECISION AND ORDER

I find, based upon the above findings of fact and conclusions of law that the Department did not act in accordance with policy in determining Claimant's F AP allotment and MA deductible.

The Department's actions are REVERSED.
THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Initiate a redetermination as to the Claimant's eligibility for FAP and MA benefits beginning June 17, 2013 and is sue retroactive benefits if otherwise eligible and qualified.

Date Signed: August 22, 2013

NOTICE OF APPE AL: 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 dec ision cannot be implemented within 90 days of the filing of the original request ( 60 days for FAP cases).

The claimant may appeal the De cision and Order to Circuit Court within 30 days of the receipt of the Dec ision a nd Order or, if a tim ely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the or iginal hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the clai mant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be received in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

## Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639

Lansing, Michigan 48909-07322

2013-59510/CAA

CAA/las
cc:


