

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 20138731
Issue No.: 2015
Case No.: [REDACTED]
Hearing Date: April 11, 2013
County: Wayne DHS (55)

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 April 11, 2013, from Detroit, Michigan. Participants included the above-named claimant. [REDACTED] appeared as Claimant's translator. Participants on behalf of Department of Human Services (DHS) included [REDACTED], Specialist.

ISSUE

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

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's spouse was an ongoing MA benefit recipient.
2. Claimant was part of a household that included his spouse and two minor children.
3. Claimant's household members received the following monthly amounts of Retirement, Survivors, Disability Insurance (RSDI): \$1015 for Claimant, \$186 for Claimant's spouse and \$186 for each of Claimant's two minor children.
4. On 10/10/12, DHS determined that Claimant's spouse was eligible for Medicaid, subject to a \$156/month deductible (see Exhibit 1).

5. On 9/24/12, Claimant requested a hearing to dispute the MA benefit determination for his spouse.

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).

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 requested a hearing to dispute his spouse's MA benefit eligibility. It was not disputed that Claimant's spouse was only potentially eligible for FIP-related MA for being a caretaker. Two potential FIP-Related MA programs for which Claimant's spouse could be eligible are Low Income Family (LIF) and Group Two Caretaker (G2C).

The LIF income limit for a four-person LIF group is \$626/month. RFT 243 (7/2007), p. 1. Allowable LIF expenses include: employment income deductions, dependent care expenses child support expenses and guardianship expenses. Claimant did not allege to have any such expenses. It was not disputed that Claimant's household income totaled \$1583/month. DHS properly did not find Claimant's spouse eligible for Medicaid through LIF due to excess income.

As a caretaker to minor children, Claimant's spouse could also receive Medicaid through G2C. The net income calculation starts with determining Claimant's spouse's and Claimant's pro-rated income. This is calculated by dividing their income by a pro-rated divisor. The pro-rated divisor is the sum of 2.9 and the number of dependents (2 minor children + spouse). Claimant's spouse's pro-rated income is \$31. Claimant's pro-rated income is \$172. Claimant's spouse's income is multiplied by 2.9 to determine the adult's share of the adult's own income (\$89). Claimant's income is multiplied by 3.9 to determine his share of spouse's income (\$670). The \$89 and \$670 are added to the couple's share of each other's income (\$31- which is the same amount as the adult's prorated income) creating a running total of \$790.

Deductions are given for insurance premiums, remedial services and ongoing medical expenses. Claimant testified that he had no premium expenses but DHS budgeted \$133.20 for premiums; for purposes of this decision, Claimant will be given the benefit

of paying \$133.20 in insurance premiums. The premium amount (\$133.20) is deducted from \$790 to determine the net income (\$656).

The income limit for G2C eligibility is \$500. RFT 240 (7/2007), p. 1. The amount that Claimant's spouse's total net income exceeds the income limit is the amount of Claimant's deductible. It is found that DHS properly calculated Claimant's spouse's G2C eligibility as Medicaid subject to a \$156/month deductible.

Claimant testified that he submitted medical expenses to DHS after requesting a hearing. Claimant wanted to dispute to an alleged failure by DHS to apply the expenses towards his spouse's deductible. As stated in the hearing, Claimant will have to request a separate hearing for that issue because it was not relevant to his hearing request dated 10/22/12.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly determined Claimant's spouse to be eligible for Medicaid, subject to a \$156/month deductible, effective 11/2012. The actions taken by DHS are AFFIRMED.



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

Date Signed: 4/17/2013

Date Mailed: 4/17/2013

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,
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- 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

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cc:

