

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

IN THE MATTER OF:

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

Reg. No.: 14-004550
Issue No.: 2001
Case No.: ██████████
Hearing Date: July 21, 2014
County: Oakland (2-Madison Hts)

ADMINISTRATIVE LAW JUDGE: Jonathan W. Owens

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, an in-person hearing was held on July 21, 2014, from Madison Heights, Michigan. Participants on behalf of Claimant included Claimant ██████████
██████ Participants on behalf of the Department of Human Services (Department) included ██████████
██████

ISSUE

Did the Department properly determine Claimant's Medical Assistance (MA) benefits?

FINDINGS OF FACT

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

1. On May 23, 2014, the Department issued a notice of case action indicating Claimant exceeded the income limits for Medical Assistance-ALMB benefits.
2. On June 5, 2014, Claimant filed a hearing request.
3. On June 6, 2014, a prehearing conference appointment letter was issued for a June 16, 2014, appointment.
4. On June 9, 2014, the Department completed and signed a DHS-3050 Hearing Summary indicating the denial of Medicare payments and opened MA benefits based upon Age, Blind, and Disabled (MA-G2S). The case was opened with a spend-down amount of \$715 per month.
5. On June 16, 2014, Claimant did not appear for the prehearing conference.

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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

At hearing, Claimant testified she was not interested in protesting the Department's determination regarding a spend-down MA case. Claimant instead was there to dispute the Department's denial of the ALMB Medicare Cost Share program benefit. At hearing, Claimant noted she simply wanted to have the Department pay her Medicare premium of \$104.90. Therefore, the only issue to be addressed is the Department's determination regarding the ALMB Medicare Cost Share program.


BEM 165 (April 2014), pp. 7-8, indicates RSDI income is fully countable. Further, this policy references RFT 242 (April 2014), p. 2, which provides the income limit for eligibility for the ALMB (Medicare Cost Share) program, which, for a group size of 1, is \$1,333.

Claimant's monthly RSDI income is \$1,297.90 and her net monthly benefit from a life insurance policy is \$70.07. Together, the unearned amount for consideration is \$1,367.97. There is an unearned general exclusion granted in the amount of \$20. Deducting this amount leaves Claimant with \$1,347.97 in countable income. This exceeds the income limits for the program in question.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.



Jonathan W. Owens
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **7/23/2014**

Date Mailed: **7/23/2014**

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NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

CC:

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