

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

IN THE MATTER OF:

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

Reg. No.: 2014-12303
Issue No(s): 2001, 3000
Case No.: ██████████
Hearing Date: December 18, 2013
County: Macomb #20

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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, a telephone hearing was held on December 18, 2013, from Lansing, Michigan. Participants on behalf of Claimant included ██████████, the Claimant. Participants on behalf of the Department of Human Services (Department) included Charisse Griffin, Eligibility Specialist.

ISSUE

Did the Department properly determine the Claimant's eligibility for Medicaid 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 October 21, 2013, the Claimant applied for Medicaid.
2. The Department determined that the Claimant would have a monthly deductible of ██████████ for Medicaid.
3. On October 30, 2013, the Department issued a written notice of the Medicaid determination to the Claimant.

4. On November 6, 2013, the Claimant filed a request for hearing contesting the Department's action¹.

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.

Additionally, income eligibility exists for Medicaid for the calendar month tested when there is no excess income, or when allowable medical expenses are equal, or exceed the excess income. BEM 545 Additional Medicaid income budgeting eligibility and protected income levels can be found in BEM 530, 541, 544, 545 and 546, as well as, RFT 200 and 240. The Department counts the gross amount of the RSDI Social Security benefits as unearned income. BEM 503. There is a \$20 disregard allowed. BEM 541. The protected income level is a set allowance for non-medical need items such as shelter, food, and incidental expenses. BEM 544.

The Claimant and the Eligibility Specialist had an opportunity to review the documentation of the Department's determination that the Claimant has a deductible of [REDACTED] per month for Medicaid. The figures utilized included [REDACTED] per month in RSDI income as verified by an SOLQ report, minus the \$20 disregard, and minus the [REDACTED] protected income limit.

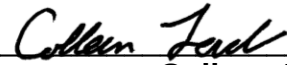
The Claimant testified it is mathematically impossible for him to meet the monthly Medicaid deductible. The Claimant provided testimony regarding his living expenses. However, the BEM 544 policy applies a standard set allowance for non-medical need items such as shelter, food, and incidental expenses. Utilizing RFT 200 and 240, the protected income level for the Claimant is [REDACTED].

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 when it determined the Claimant's eligibility for Medicaid benefits.

¹ On the November 6, 2013, request for hearing, the Claimant also marked that he contested the amount of his Food Assistance Program (FAP) benefits. At the beginning of the December 18, 2013, telephone hearing proceedings, the Claimant testified that he now understood the Department's action regarding FAP and withdrew that portion of his hearing request. Accordingly, the FAP portion of the Claimant's request for hearing is dismissed.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.



Colleen Lack

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

Date Signed: 12/26/2013

Date Mailed: 12/26/2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

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 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 Department, AHR or the claimant 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

2014-12303/CL

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

CL/pw

cc:

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