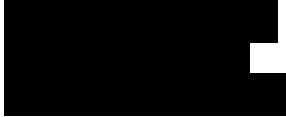


**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:



Reg. No.: 2014-9209
Issue No.: 2001
Case No.:
Hearing Date: February 26, 2014
County: Macomb(20)

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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, telephone hearing was held on Wednesday, February 26, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant and her . Participants on behalf of the Department of Human Services (Department) included , ES.

ISSUE

Due to excess income, did the Department properly reduce Claimant's benefits for:

- | | |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)? | <input type="checkbox"/> Adult Medical Assistance (AMP)? |
| <input type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> Child Development and Care (CDC)? |

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 received: MA benefits.
2. On September 27, 2013, the Department reduced Claimant's benefits due to excess income.
3. On September 27, 2013, the Department sent Claimant its decision.
4. On October 29, 2013, Claimant filed a hearing request, protesting the Department's actions.

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

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, the Claimant and her household were eligible for Transitional MA for one year only. After the TMA eligibility period ended, the Department re-determined the Claimant's eligibility for MA. The Claimant had earned income of \$ [REDACTED] biweekly. Department Exhibit 6. The Claimant's [REDACTED] receives Social Security RSDI of \$ [REDACTED] Department Exhibit's 7-9. The Claimant's [REDACTED] receives Social Security RSDI of \$ [REDACTED] Department Exhibit's 22-24.

The Claimant's [REDACTED] Social Security of RSDI of \$ [REDACTED] which is the [REDACTED] share of the [REDACTED]. The Claimant's prorated income is \$ [REDACTED]. The Claimant's Husband prorated income is \$ [REDACTED]. The [REDACTED] prorated income is \$ [REDACTED]. The [REDACTED] and [REDACTED] share of the Claimant's income is \$ [REDACTED]. The [REDACTED] and the [REDACTED] share of father's income is \$ [REDACTED]. The Couples share of each other's income is \$ [REDACTED]. Therefore, the Claimant's [REDACTED] total net income was \$ [REDACTED] for a fiscal group of 3 with an income limit of \$ [REDACTED]. As a result, the Claimant's Son had a MA deductible limit of \$ [REDACTED] which resulted from his net income of \$ [REDACTED] subtracted from the income limit of \$ [REDACTED]. Department Exhibit 18. The Claimant's [REDACTED] was eligible for MICHild and a referral was made. Department Exhibit 1-5

As a result of her excess income the Claimant was determined eligible for a MA Spend down/Deductible case. The Adult's prorated income is \$ [REDACTED]. The Spouse's prorated income is \$ [REDACTED]. The Adult's Share of the Adult's own income was \$ [REDACTED]. Therefore, the Claimant's total net income was \$ [REDACTED] for a fiscal group of 2 with an income limit of \$ [REDACTED]. As a result, the Claimant's had a MA deductible limit of \$ [REDACTED] which resulted from her net income of \$ [REDACTED] subtracted from the income limit of \$ [REDACTED]. Department Exhibit 14. BEM 111, 132, 135, and 166. BAM 210.

The Department has met its burden that the Claimant is eligible for MA with a deductible of \$ [REDACTED] that she and her [REDACTED] had to meet before being eligible for MA and the Claimant's [REDACTED] also has a deductible of \$ [REDACTED] that he has to meet before being eligible for MA due to excess income. However, Claimant's [REDACTED] was eligible for MICHild and a referral was made. Department Exhibit 1-5 .

The Administrative Law Judge, based upon 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 that the Claimant is eligible for MA with a deductible of \$ [REDACTED] that she and her Husband has to meet before being eligible for MA and the Claimant's son also has a deductible of \$ [REDACTED]

that he has to meet before being eligible for MA due to excess income. However, Claimant's Son was eligible for MICHild and a referral was made..

DECISION AND ORDER

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



Carmen G. Fahie
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 3/21/14

Date Mailed: 3/21/14

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 Claimant;
- 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:

2014-9209/CGF

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

CGF/tb

cc:

