

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

IN THE MATTER OF:

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██
████████████████████

Reg. No.: 15-001008
Issue No.: 2001
Case No.: ██████████
Hearing Date: March 12, 2015
County: WAYNE-DISTRICT 41
(FORT WAYNE)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 March 12, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. A translator, ██████████, the Claimant's sister, also appeared. A witness, ██████████, also appeared. Participants on behalf of the Department of Human Services (Department) included ██████████, Hearing Liaison and Eligibility Specialist.

ISSUE

Did the Department properly impose a deductible for the Claimant's Medical Assistance?

FINDINGS OF FACT

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

1. The Claimant is currently eligible for Medicaid G2S with a deductible of \$749. The Claimant has RSDI income in the amount of \$1163. The Claimant has no other income.
2. The Claimant also requested a hearing regarding changing her health insurance provider. The Department has no policy which requires that they determine health care insurance providers and thus this issue could not be addressed at the hearing. The Claimant was referred to Michigan Enrollment and given a phone number to call for assistance in picking a provider.

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 Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Additionally, the issue in this case is whether the Department correctly determined that the Claimant was subject to a deductible based upon her income. The Deductible as explained below is based upon the total household income.

MA Deductible

In this case, Claimant verified her gross monthly RSDI income of \$1163. The Department testified that, although Claimant was not eligible for full-coverage MA, she was eligible for MA with a monthly \$749 deductible. Clients are eligible for Group 2 MA coverage when their net income (countable income minus allowable income deductions) does not exceed the applicable Group 2 MA protected income levels (PIL), which is based on the client's shelter area and fiscal group size. BEM 105 (October 1, 2010), p 1; BEM 166 (October 1, 2010), pp 1-2; BEM 544 (August 1, 2008), p 1; RFT 240 (July 1, 2007), p 1. The monthly PIL for an MA group size of one living in Wayne County is \$375 per month. RFT 200 (July 1, 2007), p 1; RFT 240, p 1. Thus, if Claimant's net income is in excess of \$375, she may become eligible for MA assistance under the deductible program, with the deductible equal to the amount that her monthly income exceeds \$375. BEM 545 (July 1, 2011), p 2.

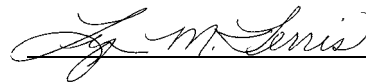
In this case, the Department produced an SSI-Related MA budget showing how the deductible in Claimant's case was calculated. Exhibit D. As discussed above, Claimant's net unearned income totaled \$1163. After deducting \$20 general exclusion and a \$19 COLA exclusion amount, the Claimant's countable income was \$1124. BEM 530 (October 1, 2012), p 1; BEM 541 (January 1, 2011), p 3.

Because Claimant's net countable income of \$1124 for MA purposes exceeds the monthly protected income level of \$375 by \$749, it is determined that the Department properly calculated Claimant's monthly \$749 MA deductible in accordance with Department policy.

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 calculated the deductible amount. The Department correctly determined that it could not assist Claimant in the changing of her Medicaid insurance provider as there is no DHS policy which requires the Department to perform this function.

DECISION AND ORDER

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



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **4/7/2015**

Date Mailed: **4/7/2015**

LMF / cl

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 48909-8139

CC:

[REDACTED]
[REDACTED]
[REDACTED]
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