

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-012936  
Issue No.: 2001, 3001, 3008  
Case No.: [REDACTED]  
Hearing Date: September 01, 2015  
County: CALHOUN (DISTRICT 21)

**ADMINISTRATIVE LAW JUDGE:** [REDACTED]

**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 September 01, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department included [REDACTED], Hearing Facilitator, and [REDACTED], Eligibility Specialist.

**ISSUE**

Did the Department of Health and Human Services (Department) properly determine the Claimant's eligibility for Medical Assistance (MA) and Food Assistance Program (FAP) 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. The Claimant was an ongoing Medical Assistance (MA) and Food Assistance Program (FAP) recipient.
2. On May 29, 2015, the Department received the Claimant's Redetermination (DHS-1010) and conducted an interview to determine her eligibility for continuing benefits.
3. The Claimant's husband receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$[REDACTED].
4. The Claimant receives monthly earned income from employment in the gross monthly amount of \$[REDACTED].

5. On July 1, 2015, the Department notified the Claimant that it would close her Food Assistance Program (FAP) benefits as of August 1, 2015.
6. On July 1, 2015, the Department sent the Claimant a Health Care Coverage Determination Notice (DHS-1606).
7. On July 13, 2015, the Department received the Claimant's request for a hearing.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The Claimant's husband received monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$[REDACTED]. He is eligible to receive Medicare benefits but has opted out of this program. The Claimant is not eligible for MA benefits under the Healthy Michigan Program (HMP) because of his eligibility for Medicare benefits. The Claimant is eligible for MA benefits as the caretaker of minor children assuming he meets all of the other criteria for this program.<sup>1</sup>

The income limit to participate in the Healthy Michigan Plan (HMP) is 133% of the federal poverty level. Department of Health and Human Services Reference Table Manual (RFT) 246 (April 1, 2014), p 1.

The Claimant received monthly earned income from employment in the gross monthly amount of \$[REDACTED]. The Claimant and her husband's combined gross monthly income exceed the \$[REDACTED] limit to receive HMP benefits as a group of three. The Claimant's earned income by itself exceeds the \$[REDACTED] income limit to receive HMP benefits as a group of one.

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<sup>1</sup> Department of Health and Human Services Modified Adjusted Gross Income (MAGI) Related Eligibility Manual. This manual is available on the internet at [http://www.michigan.gov/documents/mdch/MAGI\\_Manual\\_457706\\_7.pdf](http://www.michigan.gov/documents/mdch/MAGI_Manual_457706_7.pdf)

The Claimant was an ongoing FAP recipient as a group of three. The Claimant receives monthly earned income from employment in the gross monthly amount of \$[REDACTED]. The Claimant's husband received RSDI benefits in the gross monthly amount of \$[REDACTED]. The benefit group's adjusted gross income of \$[REDACTED] was determined by reducing earned income by the 20% earned income deduction and their total income by the \$[REDACTED] standard deduction. The Claimant is entitled to a \$[REDACTED] shelter deduction, which is determined by adding her \$[REDACTED] monthly housing expenses to the \$[REDACTED] standard heat and utility deduction, then subtracting 50% of their adjusted gross income.

The Claimant's net income of \$[REDACTED] was determined by subtracting their shelter deduction from their adjusted gross income. A group of three with a net income of \$[REDACTED] is not eligible for FAP benefits. Department of Health and Human Services Reference Table Manual (RFT) 260 (October 1, 2015).

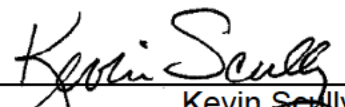
The Claimant testified that her earned income over the previous 30 days includes overtime that is not guaranteed.

However, the Claimant failed to establish that her income over the previous 30 days is not likely to continue. If the Claimant's income should decrease as a result of working less overtime, her eligibility for benefits may change in the future.

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 eligibility for Medical Assistance (MA) and the Food Assistance Program (FAP).

### **DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.



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Kevin Scully  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **9/8/2015**

Date Mailed: **9/8/2015**

KS [REDACTED]

**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:

