

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-014094
Issue No.: HMP
Case No.: [REDACTED]
Hearing Date: February 05, 2015
County: KENT-DISTRICT 1 (FRANKLIN)

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 February 5, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Hearing Facilitator, and [REDACTED], Assistance Payments Supervisor. [REDACTED], Assistance Payments Worker, provided interpretation services.

ISSUE

Did the Department properly close Claimant's Health Michigan Program (HMP) case due to income in excess of the program limit?

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 HMP benefits.
2. On September 8, 2014, employment information was provided to the Department by the Department of Treasury via new hire data match.
3. On September 9, 2014, a New Hire Claimant Notice, Spanish version, was issued to Claimant with a due date of September 19, 2014, for returning the completed form.
4. Claimant returned the New Hire Claimant Notice, reporting income of \$ [REDACTED] per week, working 40 hours per week, and being paid weekly.

5. On September 18, 2014, a Health Care Coverage Determination Notice was issued indicating the HMP case would close effective October 1, 2014, due to income in excess of the program limit.
6. On October 6, 2014, Claimant submitted a hearing request contesting the Department's action.

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.

For HMP, the income limit for adults age 19-64 is 133% of the federal poverty limit. Michigan Department of Community Health, Modified Adjusted Gross Income Related Eligibility Manual, May 28, 2014, p. 2. The Health Care Coverage Determination Notice provides a chart of the annual income limits for HMP. For a group size of one individual age 19-64, the annual income limit is \$ [REDACTED]

The Department determined that Claimant was no longer eligible for HMP because his income exceeded the limit for this program. This was based on the completed New Hire Claimant Notice, where Claimant reported income of \$ [REDACTED] per week, working 40 hours per week, and being paid weekly.

Claimant disagrees with the annual income of \$ [REDACTED] listed on the Health Care Coverage Notice. Claimant testified he made an error when he completed the New Hire Claimant Notice. Claimant stated he did not have his glasses on when he completed this form. Claimant testified he meant to report \$ [REDACTED] per hour. Claimant's testimony regarding his earnings cannot be found fully credible. For example, it is noted that on the hearing request, Claimant reported he earns \$ [REDACTED] per hour.

It is not clear how the Department determined an annual income \$ [REDACTED]. The print out of the unearned budget summary indicates the Department is aware that Claimant's unemployment benefits stopped in August 2014. However, the income reported on the New Hire Claimant Notice of \$ [REDACTED] per week would still exceed the HMP income limit. The Department issued Claimant the Spanish version of this form and utilized the

information reported by Claimant. There was no other verification submitted to the Department at the time of this determination that indicated the income Claimant reported was not accurate, such as paycheck stubs showing lesser earnings. The Department properly closed Claimant's HMP case due to income in excess of the program limit based on the available information at the time of this determination. If Claimant has not already done so, he may wish to reapply and provide accurate income information.

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 close Claimant's HMP case based on income in excess of the program limit.

DECISION AND ORDER

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



Colleen Lack
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/24/2015**

Date Mailed: **2/24/2015**

CL/hj

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:

A large black rectangular redaction box covers the names and contact information of the recipients listed in the CC field.