

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-006794  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: June 29, 2015  
County: WAYNE-DISTRICT 15

**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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on June 29, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. The Claimant's spouse, [REDACTED] also appeared as a witness. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Assistance Payments Worker.

**ISSUE**

Did the Department properly determine that the Claimant was not eligible for Medical Assistance (MA) (HMP) due to excess income which exceeds the income 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. The Claimant completed a redetermination on [REDACTED]. At the time of the redetermination the Claimant earned \$698.56 as a home health provider. Claimant reported her spouse's earnings as \$1560 biweekly and working full time, 40 hours. Exhibit 2
2. The Department issued a Health Care Coverage Determination Notice on [REDACTED] closing the Claimant's groups' MA effective [REDACTED], based upon excess income finding the group income was \$22,872 for her spouse and \$8,376 for the Claimant. Exhibit 1

3. The Claimant requested a timely hearing on [REDACTED]. The Claimant enclosed with the hearing request a letter from the Claimant's spouse's doctor restricting him from working overnight shifts because sleep deprivation can trigger seizures.

### **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.

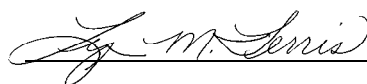
In this case, the Department closed the Claimant's Medical Assistance due to excess income based upon income and pay stub information provided with the redetermination. The Department found the MA fiscal group to consist of 2 members and that the group total gross income was \$22,872, which exceeded the income limit of \$21,186.90 (Exhibit 1). In calculating the group income the Department did not include RSDI income of \$1017 per month; this income at the time of the hearing had ended. In calculating the group income, the Department included the Claimant's monthly income, \$698.56 and the Claimant's husband's earnings of \$1560 from full time work; 40 hours and is paid biweekly. The Department, in order to determine eligibility must determine group annual income. The Claimant's annual income based upon her reported income is  $\$698.56 \times 12 = \$8387.52$ . The Claimant reported her spouse worked 40 hours with earnings of \$1506 which totals \$18,072. The Total of the group's income totals \$26,459. Based upon the information provided to the Department in the redetermination completed and returned to the Department by the Claimant, the Claimant's fiscal group income exceeded the income limit for a group of 2 which is \$21,186.90 (Exhibits 1 and 2). Even though the Department used a lower number which was incorrect, the result is the same. The Claimant's MA group income exceeded the MA gross income limit for the Healthy Michigan Plan. Exhibit 1

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 closed the Claimant's medical assistance case.

**DECISION AND ORDER**

Accordingly, the Department's decision is

**AFFIRMED.**



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

Date Signed: **7/29/2015**

Date Mailed: **7/29/2015**

LMF / hw

**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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

