

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-011596
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: September 01, 2015
County: Eaton

ADMINISTRATIVE LAW JUDGE: C. Adam Purnell

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 September 1, 2015, from Lansing, Michigan. Claimant personally appeared and provided testimony. The Department of Health and Human Services was represented by [REDACTED] (Eligibility Specialist/Hearings Coordinator).

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. Claimant provided the Department with a completed New Hire Client Notice (DHS-4635) which indicated that he had employment from May 4, 2015 through July 10, 2015 for 30 hours per week and earned \$ [REDACTED] per hour. (Exhibit 1, pp. 9-10).
3. On June 19, 2015 the Department mailed Claimant a Health Care Coverage Determination Notice (DHS-1606) indicating the HMP case would close effective July 1, 2015, due to income in excess of the program limit.
4. On June 29, 2015, 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 \$15,654.10.


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 hour at 30 hours per week and being paid bi-weekly. (Exhibit 1, p. 10). According to the Department's calculations, Claimant earned monthly wages in the amount of \$ [REDACTED] (Exhibit 1, p. 11).

Claimant did not dispute the Department's figures but testified that his employment was a paid internship and that it was only temporary. The undersigned finds that the Department properly calculated Claimant's income despite the fact that the income was of limited duration. According to the Department's calculation, Claimant's annual income using the income provided by Claimant, resulted in \$ [REDACTED] annually. This would exceed the \$15,654.10 HMP income limit for a group size of 1. Accordingly, 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.

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**.



Adam Purnell
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **9/2/2015**

Date Mailed: **9/2/2015**

CAP/las

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:

