

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-016989
Issue No.: 2001
Agency Case No.: [REDACTED]
Hearing Date: December 09, 2015
County: Wayne (15) Greystone

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

HEARING DECISION

Following Petitioner'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 December 9, 2015, from Detroit, Michigan. The Petitioner was represented by the Petitioner, [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly deny the Petitioner's application for Medicare (MA) sharing program due to excess income?

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 Petitioner applied for Medicare Cost Sharing and was denied due to her income exceeding the income limit. Exhibits C and D.
2. The Petitioner receives Retirement, Survivors and Disability Insurance (RSDI) in the amount of \$ [REDACTED] per month. Exhibit A.
3. The Petitioner receives child support. Exhibit B.
4. The Department issued a Health Care Coverage Determination Notice on September 8, 2015, and denied the Petitioner's Medicare Savings Program due to excess income exceeding the income limit for the program. The Petitioner's annual income was deemed to be \$ [REDACTED] Exhibit C.

5. The Petitioner requested a timely hearing October 5, 2015, protesting the Department's action.

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/denied the Petitioner's Additional Low-Income Medicare Beneficiary (ALMB) Medicare Cost Savings Program due to excess income. The Petitioner receives RSDI in the amount of \$ [REDACTED] and also receives child support payments which fluctuate. Exhibits A and B. The Department used a three-month average for child support and determined that amount to be \$ [REDACTED]. The total unearned income used by the Department was \$ [REDACTED] which is correct. (\$ [REDACTED] + \$ [REDACTED] = \$ [REDACTED]. The income limit for the ALMB cost savings program is \$ [REDACTED] through \$ [REDACTED] thus, the Petitioner's income exceeds the program limit. The Department presented a budget in support of its denial of Specified Low Income Medicare Beneficiary (SLMB); and the budget, which reflects the above income and limits, is correct. Exhibit D.

Medicare Savings Programs are Supplemental Security Income (SSI) related MA categories, and there are three categories that make up the program: QMB, SLMB and ALMB. The income limits and coverages are different for each category, and the major determiner of eligibility for any of the three programs is income. ALMB has the highest income limit; and thus, would be the program with the most favorable income limit for the Petitioner. BEM 165 (May 1, 2015) p. 1.

The program income limits for ALMB are \$ [REDACTED] through \$ [REDACTED] REF 242 (April 1, 2015, p. 2). As the Petitioner's income of \$ [REDACTED] exceeds \$ [REDACTED] the Department's denial/closure of the Petitioner's Medicare Cost Sharing is correct.

As stated during the hearing, if Petitioner's child support income is reduced, the Petitioner may reapply to see if she is income eligible for any of the Medicare Cost-Sharing programs.

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 denied /closed the Petitioner's ALMB.

DECISION AND ORDER

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



Lynn M. Ferris

Administrative Law Judge
for Nick Lyon, Director

Department of Health and Human Services

Date Mailed: **12/30/2015**

LMF/jaf

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:

