



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: May 20, 2016
MAHS Docket No.: 16-004259
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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 May 12, 2016, from Detroit, Michigan. The Petitioner was represented by Petitioner. The Department of Health and Human Services (Department) was represented by [REDACTED] [REDACTED] Hearing Facilitator.

ISSUE

Did the Department properly close Petitioner's MA benefits 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. Petitioner was a recipient of MA benefits.
2. On [REDACTED], Petitioner submitted a completed Redetermination.
3. In the Redetermination, Petitioner indicated that she received RSDI income, pension income and earnings from [REDACTED].
4. The Department was previously aware of Petitioner's work with [REDACTED].

5. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice which informed Petitioner that she was ineligible for MA benefits effective [REDACTED]
6. On [REDACTED], Petitioner filed a Request for Hearing disputing the Department's actions.

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.

On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice notifying her that she was ineligible for MA subject to a \$614.00 deductible effective [REDACTED] ongoing. MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled, (ii) to individuals who are under age 19, parents or caretakers of children, or pregnant or recently pregnant women, and (iii) to individuals who meet the eligibility criteria for HMP coverage. BEM 105 (January 2016), p. 1; BEM 137 (January 2016), p. 1. HMP provides MA coverage to individuals who (i) are 19 to 64 years of age; (ii) have income at or below 133% of the federal poverty level (FPL) under the Modified Adjusted Gross Income (MAGI) methodology; (iii) do not qualify for or are not enrolled in Medicare; (iv) do not qualify for or are not enrolled in other MA programs; (v) are not pregnant at the time of application; and (vi) are residents of the State of Michigan. MPM, Healthy Michigan Plan, § 1.1.

In this case, Petitioner submitted a Redetermination on [REDACTED]. In her Redetermination, Petitioner identified income from the Social Security Administration, a pension and [REDACTED]. The Department testified that it had been previously aware of earnings Petitioner received from [REDACTED].

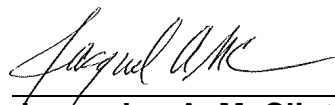
The Department submitted documentation which showed that Petitioner receives \$712.00 in RSDI income each month; \$318.12 in income from her pension; paycheck history from [REDACTED] and paystubs from Petitioner from [REDACTED]. Petitioner's monthly income as calculated by the Department was \$1,991.00 which computed to an annual income of \$23,892.00.

Petitioner confirmed that when she filed her federal income taxes, she indicated that she had a household income of one. Petitioner testified that her adult son has recently moved into her home. However, he was not residing with Petitioner at the time the Redetermination was submitted.

Petitioner is 63 years of age. Petitioner is not a caregiver; not pregnant; is not receiving income from the Social Security Administration as a result of a disability and is not blind. The maximum annual income allowed for a group size of one under the HMP plan is \$21,186.90. As previously stated, Petitioner's annual income at the time the Redetermination was submitted was approximately \$23,892.00. Accordingly, Petitioner's income exceeds the limit for eligibility under the HMP program. The Department confirmed that it reviewed all medical programs for eligibility. However, under Petitioner's current circumstances, she does not qualify for any its medical 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 closed Petitioner's MA benefits effective [REDACTED] for excess income.

JM/hw



Jacquelyn A. McClinton

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

DHHS

[REDACTED]

[REDACTED]

Petitioner

[REDACTED]