



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: February 13, 2017
MAHS Docket No.: 16-017802
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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. After due notice, telephone hearing was held on January 19, 2017, from Lansing, Michigan. The Petitioner represented herself. The Department was represented by [REDACTED], General Services Program Manager.

ISSUE

Did the Department of Health and Human Services (Department) determine Petitioner's eligibility for Medical Assistance (MA) for her son?

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 is an ongoing Medical Assistance (MA) recipient, and requested Medical Assistance (MA) benefits for her son.
2. On October 24, 2016, the Department received Petitioner's completed Redetermination (DHS-1010) form. Exhibit A, p 8.
3. Petitioner's son is an active Medical Assistance (MA) recipient, but also receives other comprehensive insurance. Exhibit A, p 5.
4. The Petitioner receives monthly earned income in the gross monthly amount of \$ [REDACTED] and her husband receives monthly earned income in the gross monthly amount of \$ [REDACTED] Exhibit A, p 16.

5. Petitioner provided copies of her paycheck stubs in the gross bi-weekly amounts of \$ [REDACTED] and \$ [REDACTED] and her husband provided paycheck stubs in the gross weekly amounts of \$ [REDACTED], \$ [REDACTED], \$ [REDACTED] and \$ [REDACTED]. Exhibit A, pp 9-14.
6. On November 17, 2016, the Department notified Petitioner that her won was eligible for Medical Assistance (MA) with a \$ [REDACTED] monthly deductible. Exhibit A, pp 22-26.
7. On November 22, 2016, the Department received Petitioner's request for a hearing. Exhibit A, pp 27-28.

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).

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income. Department of Health and Human Services Bridges Eligibility Manual (BEM) 105 (October 1, 2014), p 2.

For Modified Adjusted Gross Income (MAGI) related categories of Medical Assistance (MA), the size of the household will be determined by the principles of tax dependency in the majority of cases. Parents, children and siblings are included in the same household. The household for an individual who is a tax dependent of someone else consists of the household of the tax filer. The household for a tax filer consists of the individual, the individual's spouse, and all tax dependents.¹

MiChild is a MAGI-related Medicaid Expansion program for children who are under 19 years of age and who have no other health coverage. Beneficiaries are not eligible for MiChild benefits when enrolled in other comprehensive insurance. Department of Health and Human Services Bridges Eligibility Manual (BEM) 130 (July 1, 2016), pp 1-3.

The Under Age 19 (U-19/HKE) program is a MAGI related category of Medical Assistance (MA). Department of Health and Human Services Bridges Eligibility Manual (BEM) 131 (June 1, 2015), p 1. The income limit to participate in the U-19/HKE category of MA is 160% of the federal poverty level. Department of Health and Human Services Reference Table Manual (RFT) 246 (April 1, 2014), p 1.

¹ Department of Health and Human Services Modified Adjusted Gross Income (MAGI) Related Eligibility Manual, pp 12-13. This manual is available on the internet at http://www.michigan.gov/documents/mdch/MAGI_Manual_457706_7.pdf

Medicaid (MA-G2U) is a category of MA available to a person who is under 21 and meets the eligibility factors of that category. Department of Health and Human Services Bridges Eligibility Manual (BEM) 132 (January 1, 2015), p 1.

Petitioner's son is not eligible to receive MA benefits under the MiChild category because he receives other comprehensive insurance, which was reported by Petitioner on her Redetermination (DHS-1010) form on October 24, 2016. Petitioner's son is not eligible for MA under the U-19/HKE category because as a group of four, the group's MAGI income exceeds 160% of the federal poverty level. For a group of four, 160% of the federal poverty level is \$ [REDACTED]

Petitioner's "protected income level" is \$ [REDACTED] and this amount cannot be changed either by the Department or by this Administrative Law Judge. Department of Human Services Reference Table Manual (RFT) 240 (December 1, 2013), p 1. Department's determination that the Petitioner has a \$ [REDACTED] deductible per month Petitioner's son must meet in order to qualify for MA for any medical expenses above is therefore correct.

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 determined the most beneficial category of Medical Assistance (MA) benefits that her son meets the eligibility criteria for.

DECISION AND ORDER

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

KS/nr



Kevin Scully
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]

Petitioner

[REDACTED]