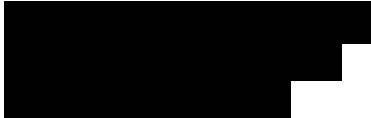




RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR



Date Mailed: September 8, 2017  
MAHS Docket No.: 17-008465  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Carmen G. Fahie

**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; 42 CFR 438.400 to 438.424; 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 August 10, 2017, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED] Hearing Facilitator.

**ISSUE**

Did the Department properly determine the Petitioner's eligibility for Medical Assistance (MA)?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On November 22, 2016, the Petitioner applied for MA with retroactive MA to August 2016. Department Exhibit 1, pgs. 6-17.
2. On November 15, 2016, the Department received the Petitioner's Verification of Employment, DHS 38, and check stubs. Department Exhibit 1, pgs. 18-34.
3. On December 5, 2016, the Department Caseworker sent the Petitioner a Health Care Coverage Determination Notice, DHS 1606, that the Petitioner was eligible for full coverage retroactive to November 1, 2016. Department Exhibit 1, pgs. 35-38.
4. On April 7, 2017, the Department Caseworker sent the Petitioner a Health Care Coverage Determination Notice, DHS 1606, that the Petitioner was eligible for full

coverage with an \$ [REDACTED] month deductible effective May 1, 2017 ongoing. Department Exhibit 1, pgs. 40-45.

5. On June 15, 2017, the Department received a hearing request from the Petitioner, contesting the Department's negative 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 Petitioner applied for MA with retroactive MA to August 2016 on November 22, 2016. Department Exhibit 1, pgs. 6-17. On November 15, 2016, the Department received the Petitioner's Verification of Employment, DHS 38, and check stubs. Department Exhibit 1, pgs. 18-34. On December 5, 2016, the Department Caseworker sent the Petitioner a Health Care Coverage Determination Notice, DHS 1606, that the Petitioner was eligible for full coverage retroactive to November 1, 2016. Department Exhibit 1, pgs. 35-38. On April 7, 2017, the Department Caseworker sent the Petitioner a Health Care Coverage Determination Notice, DHS 1606, that the Petitioner was eligible for full coverage with an \$802 month deductible effective May 1, 2017 ongoing. Department Exhibit 1, pgs. 40-45. On June 15, 2017, the Department received a hearing request from the Petitioner, contesting the Department's negative action. BEM 105, 132, 135, 400, 500, and 640.

During the hearing, the Department Caseworker stated that the Petitioner had been approved in error from November 1, 2016 through March 30, 2017 because he had excess income. Her income based on the submitted income verifications was \$ [REDACTED] per month in earned income. Department Exhibit 1, pg. 45a. The MAGI limit was \$ [REDACTED] per month for a group size of 1. Department Exhibit 1, pg. 45b. Therefore, the Petitioner had excess income for MA AD-Care.

As a result of her excess income for MA AD-Care, the Petitioner was determined eligible for a MA Spenddown/Deductible case. The Petitioner had earned income from employment of \$ [REDACTED]. After deductions of \$ [REDACTED] and a protected income of \$ [REDACTED] the Petitioner had a deductible of \$ [REDACTED] that she must meet before being eligible for MA. Department Exhibit 2, pgs. a-b. The Department has met its burden. The Petitioner

had excess income for MA AD-Care, which resulted in the Petitioner being eligible for MA with a deductible of \$ [REDACTED] that she must meet before being eligible for MA.

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 that the Petitioner had excess income for MA AD-Care where the previous approval for MA AD-CARE was due to Department error. The Petitioner had excess income for MA AD-Care, which resulted in the Petitioner being eligible for MA with a deductible of \$ [REDACTED] that she must meet before being eligible for MA.

**DECISION AND ORDER**

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



CF/nr

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Carmen G. Fahie  
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]

[REDACTED]

[REDACTED]

[REDACTED]

**Petitioner**

[REDACTED]