



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: February 26, 2018
MAHS Docket No.: 17-016489
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 February 8, 2018, from [REDACTED] Michigan. Petitioner represented herself. The Department was represented by [REDACTED] Assistance Payment Manager, and [REDACTED] Eligibility Specialist.

ISSUE

Did the Department of Health and Human Services (Department) properly close Petitioner's Medical Assistance (MA) benefits?

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 an ongoing recipient of Medical Assistance (MA) benefits under the HKP category, where eligibility is based on pregnancy. Exhibit A, p 32.
2. Petitioner's child was born [REDACTED] Exhibit A, p 12.
3. On September 25, 2017, the Department received Petitioner's completed Redetermination (DHS-1010) form. Exhibit A, pp 11-18.
4. On October 3, 2017, the Department sent Petitioner a Verification Checklist (DHS-3503) with an October 13, 2017, due date. Exhibit A, pp 19-20.
5. On October 9, 2017, the Department received a Verification of Employment showing that Petitioner is employed at rate of \$ [REDACTED] per hour and is expected to work 40 hours per week. Exhibit A, pp 21-23.

6. Petitioner reported that her husband is employed and received earned income in the gross weekly amount of \$ [REDACTED] Exhibit A, p 15.
7. On October 19, 2017, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting verification of a checking account by October 30, 2017. Exhibit A, pp 27-28.
8. On October 30, 2017, the Department received a copy of a bank statement showing that Petitioner had an ending balance of \$ [REDACTED] in her checking account. Exhibit A, pp 28-31.
9. On November 1, 2017, the Department notified Petitioner that she was no longer eligible for Medical Assistance (MA) effective December 1, 2017. Exhibit A, pp 41-42.
10. On December 18, 2017, the Department received Petitioner's request for a hearing protesting the closure of her Medical Assistance (MA) benefits. Exhibit A, pp 2-3.

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.

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 (April 1, 2017), p 2.

Pregnant women are eligible for MA benefits for the duration of the pregnancy and two months post-partum. Department of Health and Human Services Bridges Eligibility Manual (BEM) 545 (January 1, 2017), p 2.

Petitioner's eligibility for MA benefits in the HKP category ended November 1, 2017, two months after the birth of her child, and the Department reviewed her eligibility under other categories of assistance.

The income limit to participate in the Healthy Michigan Plan (HMP) is 133% of the federal poverty level. Department of Health and Human Services Reference Table Manual (RFT) 246 (April 1, 2014), p 1.

Petitioner receives earned income from employment in the gross monthly amount of \$ [REDACTED] and her husband receives earned income in the gross monthly amount of \$ [REDACTED]. Together, their total gross income exceeds 133% of the federal poverty level as a tax group of four, and Petitioner is not eligible for MA benefits under the Healthy Michigan Plan (HMP).

On October 30, 2017, the Department received verification that Petitioner had a balance of \$ [REDACTED] in her checking account. Petitioner is potentially eligible for MA benefits as a caretaker relative under the G2C category.

However, there is an asset test in order to receive those benefits. Petitioner's countable cash assets exceed the \$ [REDACTED] asset limit to participate in the G2C program. Therefore, Petitioner is not eligible for MA benefits as a caretaker relative.

On November 1, 2017, the Department notified Petitioner that she was no longer eligible for MA benefits effective December 1, 2017.

Petitioner argued that the Department failed to account for her husband's obligation to pay child support.


However, Department policy does not permit reducing countable gross income based on an obligation to pay child support for the purposes of determining eligibility for Medicaid.

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 Medical Assistance (MA) benefits effective December 1, 2017.

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]