



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED] MI [REDACTED]

Date Mailed: May 11, 2018  
MAHS Docket No.: 18-002445  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Janice Spodarek

**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 5/10/18, from Lansing, Michigan. The Petitioner appeared and testified. The Department of Health and Human Services (Department) was represented by A. Couls.

**ISSUE**

Did the Department properly deny Petitioner's [REDACTED] application for Medical Assistance (MA) 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. On [REDACTED] Petitioner applied for MA with the Department.
2. At the time of Petitioner's application Petitioner received unemployment income of \$725.00 biweekly. Petitioner's income based on a projected annual was \$1,448 per month or \$18,756 yearly.
3. The Yearly income cap for the Healthy Michigan Plan for Petitioner is \$16,039.
4. The Department assessed all potential MA categories.
5. On 2/6/18 the Department denied Petitioner's application due to excess income.

### **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, as stated in the notices issued to Petitioner, applicable authority is found in 42 CFR 435.119; BAM 220; and BEM 110, 125, 126, 135, 163, 166.

For welfare and Medicaid benefits, the applicant has the burden of proof by a preponderance of evidence.

Here, the Department evidence shows that the Department followed federal and state law and followed its policy in assessing income eligibility. Unrefuted evidence is that Petitioner exceeded the income cap. As such, Petitioner has no eligibility.


Petitioner argued that the calculation on the notice converting her unemployment income to a yearly amount was not correct as she is not entitled to 12 months of unemployment. However, Petitioner did not refute that from the time she applied to the date of denial, Petitioner received \$724.00 bi-weekly in unemployment insurance compensation. Petitioner did not meet her burden of proof to show that she met the program eligibility requirements for the period at issue.

Based on the record established in this matter and the applicable law, the Department's denial for the time at issue was correct and thus, is upheld. Petitioner understands that she may have eligibility if/when she no longer receives income that exceeds the cap.

**DECISION AND ORDER**

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

JS/nr

  
\_\_\_\_\_  
Janice Spodarek  
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) 763-0155; 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**

Jeanenne Broadnax  
25637 Ecorse Rd.  
Taylor, MI  
48180

Wayne 18 County DHHS- via electronic  
mail

BSC4- via electronic mail

M. Best- via electronic mail

EQAD- via electronic mail

**Petitioner**

[REDACTED]  
MI