



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: August 15, 2018  
MAHS Docket No.: 18-006691  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

**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 9, 2018, from Lansing, Michigan. Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Shana Ward Eligibility Specialist. Department Exhibit 1, pp. 1-40 was received and admitted.

**ISSUE**

Did the Department properly close Petitioner's Medical Assistance (MA) case 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-HMP benefits.
2. On May 10, 2018, a Wage Match Notice was received regarding Petitioner's employment with [REDACTED].
3. On May 23, 2018, a Health Care Coverage Determination Notice was sent to Petitioner informing him that MA would close effective July 1, 2018.
4. On June 25, 2018, Petitioner requested hearing disputing the closure of MA.

5. Petitioner earned \$ [REDACTED] in the month prior to his eligibility being determined. (Exhibit 1, p. 31-33)

### **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, Petitioner earned \$ [REDACTED] in employment income in the month prior to his eligibility being determined. Petitioner did not dispute the department calculation of his income. The income limit for HMP is \$1,345.52 per month. (Exhibit 1, p. 39) Petitioner is over the income limit, therefore closure due to excess income was proper and correct. 42 CFR 435.119

Petitioner raised issues with regard to what he pays in child support and how he cannot afford health insurance on his own with his child support expense and other household expenses. Child Support is not deducted from income when determining eligibility for MA-HMP. The undersigned Administrative Law Judge does not have the authority to override Department policy based on the individual circumstances of a particular recipient.

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 case due to excess income.

**DECISION AND ORDER**

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

AM/bb



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**Aaron McClintic**  
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**

Amber Gibson  
5303 South Cedar  
PO BOX 30088  
Lansing, MI 48911

Ingham County, DHHS

BSC2 via electronic mail

M. Best via electronic mail

EQADHS via electronic mail

**Petitioner**

[REDACTED]  
MI [REDACTED]