



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED] MI [REDACTED]

Date Mailed: September 26, 2018
MAHS Docket No.: 18-007773
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

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 30, 2018, from Lansing, Michigan. Petitioner personally appeared and testified.

The Department of Health and Human Services (Department) was represented by Hearing Facilitator Kathleen Scorpio-Butina and Eligibility Specialist Robin Morales-Ostoy. Ms. Scorpio-Butina and Ms. Morales-Ostoy testified on behalf of the Department. The Department submitted 39 exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

ISSUE

Did the Department properly deny Petitioner's application for Medicaid?

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], 2018, Petitioner applied for Medicaid. [Dept. Exh. 5-15].
2. On June 26, 2018, the Department mailed Petitioner a Health Care Coverage Supplemental Questionnaire, with a due date of July 6, 2018. [Dept. Exh. 16-19].
3. On July 10, 2018, Petitioner submitted the completed Health Care Coverage Supplemental Questionnaire to the Department. [Dept. Exh. 20-27].

4. On July 11, 2018, the Department mailed Petitioner a Health Care Determination Notice informing Petitioner that she was not eligible for Medicaid for excessive income. [Dept. Exh. 28-31].
5. On August 1, 2018, Petitioner submitted a Request for Hearing. [Dept. Exh. 3-4]

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 determining Petitioner's Medicaid eligibility, the Department verified her monthly income. In determining an individual's eligibility for MAGI-related Medicaid (which includes HMP), 42 CFR 435.603(h)(2) provides that "for individuals who have been determined financially-eligible for Medicaid using the MAGI-based methods . . . a State may elect in its State plan to base financial eligibility either on current monthly household income . . .or income based on projected annual household income . . .for the remainder of the current calendar year."

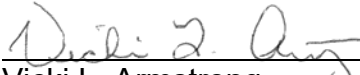
Petitioner submitted pay stubs from both of her employers. Based on the verified income, Petitioner's monthly income was \$ [REDACTED]. When Petitioner's monthly income of \$ [REDACTED] is multiplied by 12, the result is an annual income of \$ [REDACTED]. Petitioner's annual income of \$ [REDACTED] is greater than the \$16,146.20 income limit for HMP eligibility. Therefore, the Department properly denied Petitioner's Medicaid application under the HMP program.

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 denied Petitioner's Medicaid application.

DECISION AND ORDER

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

VLA/nr



Vicki L. Armstrong
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

Lauren Casper
27690 Van Dyke
Warren, MI
48093

Macomb 20 County DHHS- via electronic
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BSC4- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

Petitioner

[REDACTED]
MI