



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

██████████  
██████████  
██████████, MI ██████████

Date Mailed: January 14, 2019  
MAHS Docket No.: 18-012235  
Agency No.: ██████████  
Petitioner: ██████████ ██████████

**ADMINISTRATIVE LAW JUDGE:** Jeffrey Kemm

**HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on January 9, 2019, from Lansing, Michigan. Petitioner, ██████████ ██████████ appeared and represented herself. Eligibility Specialist, Edward Shelton, appeared for the Department. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. An 11-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

**ISSUE**

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

**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 applied for MA based on a reported income of ██████████, and the Department approved Petitioner for MA through the Healthy Michigan Plan.
2. On ██████████, 2018, Petitioner began receiving unemployment compensation benefits in the gross amount of \$██████████ every two weeks. The Unemployment Insurance Agency found Petitioner eligible for 20 weeks of benefits at \$██████████ per week, payable biweekly.
3. The Department discovered Petitioner's income from unemployment and reevaluated her MA eligibility. The Department determined that Petitioner's

annualized income exceeded the program limit for MA through the Healthy Michigan Plan, and the Department determined that Petitioner was not eligible for MA through any other program.

4. On [REDACTED], 2018, the Department issued a Health Care Coverage Determination which notified Petitioner that she was not eligible for MA effective [REDACTED], 2018, because her income exceeded the Department's program limit.
5. On [REDACTED], 2018, Petitioner filed a hearing request to dispute the Department's decision.

### **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.

The Department properly determined that Petitioner was not eligible for MA effective [REDACTED], 2018. In order for an individual to be eligible for health care coverage under the Healthy Michigan Plan, her modified adjusted gross income (MAGI) must be at or below 133% of the Federal Poverty Level (FPL). BEM 137 (April 1, 2018), p. 5 and RFT 246 (April 1, 2014), p.1. For a household size of one, the FPL is \$12,140.00 for 2018. 89 FR 2642 (January 18, 2018), p. 2642-2644. Thus, the MAGI limit for health care coverage for a household size of one is \$[REDACTED] for the Healthy Michigan Plan. Petitioner's annualized MAGI was greater than \$[REDACTED] because she received \$[REDACTED] biweekly, which is equal to an annualized income of \$[REDACTED].

Petitioner argued that her income was less than the Department's program limit of \$[REDACTED] because she was only entitled to receive 20 weeks of unemployment benefits in the amount of \$[REDACTED] per week, and the total amount of the benefits she will receive from unemployment will be less than the program limit. While I understand Petitioner's argument, it is not consistent with the Department's policies and I do not have the authority to change or make exceptions to the Department's policies. The Department is required to budget for MA eligibility on a calendar month basis. BEM 530 (July 1, 2017). Based on Petitioner's monthly income from unemployment, her

annualized income is \$ [REDACTED] which exceeds the program limit for the Healthy Michigan Plan.


The Department properly determined that Petitioner was not eligible for MA under any other program too. Petitioner was not a minor, parent, pregnant, caretaker, blind, disabled, or aged person. There was no evidence presented to establish that Petitioner should have been eligible for MA under a program other than Healthy Michigan.

### **DECISION AND ORDER**

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 did act in accordance with its policies and the applicable law when it issued its [REDACTED], 2018, Health Care Coverage Determination which found Petitioner not eligible for health care coverage effective [REDACTED], 2018.

IT IS ORDERED the Department's decision is **AFFIRMED**.

JK/nr



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Jeffrey Kemm  
Administrative Law Judge  
for Robert Gordon, 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

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<sup>1</sup> Petitioner's biweekly income of \$ [REDACTED] can be annualized by taking it times 26, which equals \$ [REDACTED].

**DHHS**

LaClair Winbush  
17455 Grand River  
Detroit, MI  
48227

Wayne 31 County DHHS- via electronic  
mail

BSC4- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED], MI  
[REDACTED]