



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

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██████████, MI ██████████

Date Mailed: April 22, 2019
MAHS Docket No.: 19-002230
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 April 17, 2019, from Lansing, Michigan. ██████████ Petitioner, appeared and represented himself. Amanda Mullen, Hearing Facilitator, and Jimmie Jones, Eligibility Specialist, appeared for the Michigan Department of Health and Human Services (Department).

One exhibit was admitted into evidence during the hearing. A 65-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 eligibility for Medical Assistance (MA)?

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 is married and has one dependent child.
2. Petitioner is a Medicare recipient.
3. On ██████████ 2019, Petitioner applied for MA from the Department.
4. In January 2019, Petitioner's monthly household income included \$██████████ from employment and \$██████████ from Social Security. Petitioner's monthly household insurance premiums were \$██████████

5. On February 14, 2019, the Department issued a Health Care Coverage Determination Notice which notified Petitioner that he was eligible for MA with a \$1,077 monthly deductible effective January 1, 2019.
6. On February 27, 2019, Petitioner filed a hearing request to dispute the Department's decision because the Department did not find him eligible for full-coverage MA.

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 provides MA for adults through various programs. BEM 105 (April 1, 2017), p. 1. The Department is responsible for determining the best available MA for an applicant. BEM 105, p. 2. Here, the Department determined that the best available MA for Petitioner was MA with a monthly deductible of \$1,077. Petitioner filed a hearing request because he believed that he should have full-coverage MA rather than MA with a deductible.

Full-coverage MA is available to adults who meet the eligibility requirements for the Healthy Michigan Plan and adults who meet the eligibility requirements for the Group 1 Aged and Disabled program. In order for an individual to be eligible for full-coverage MA through the Healthy Michigan Plan, he cannot be eligible for Medicare. BEM 137 (January 1, 2019), p. 1. Petitioner was eligible for Medicare, so he was not eligible for full-coverage MA through the Healthy Michigan Plan. In order for an individual to be eligible for full-coverage MA through the Group 1 Aged and Disabled program, his household income cannot exceed 100% of the Federal Poverty Limit (FPL). Petitioner's household income exceeded 100% of the FPL because the FPL for a household size of two was \$16,910.00 per year and Petitioner's household had an income in excess of \$16,910.00 per year. 84 FR 1167 (February 1, 2019), p. 1167-1168. Thus, the Department applied its policies correctly when it determined Petitioner was not eligible for full-coverage MA through these programs.

An individual who is not eligible for full-coverage MA may be eligible for MA with a deductible. The amount of the deductible is the amount of income an individual's

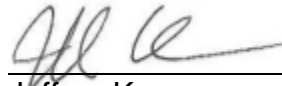
household has in excess of the protected limit set by policy. BEM 135 (October 1, 2015), p. 2. Here, the Department determined that Petitioner was eligible for MA with a deductible. Petitioner agreed with the income and expense figures used by the Department in its budget, and the Department presented sufficient evidence to establish that it used the income and expense figures appropriately to determine Petitioner's deductible. Therefore, I must find that the Department applied its policies correctly when it determined Petitioner's monthly deductible was \$1,077.

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 found Petitioner eligible for MA with a monthly deductible of \$1,077.

IT IS ORDERED the Department's decision is AFFIRMED.

JK/nr



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

DHHS

Carisa Drake
190 East Michigan
Battle Creek, MI
49016

Calhoun County DHHS- via electronic mail

BSC3- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

Petitioner

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