



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: July 21, 2020
MOAHR Docket No.: 20-003477
Agency No.: ██████████
Petitioner: ██████████ ██████████

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, telephone hearing was held on July 16, 2020, from Lansing, Michigan. Petitioner represented herself. The Department was represented by Marci Walker.

ISSUE

Did the Department of Health and Human Services (Department) properly determine the level of Medical Assistance (MA) that she and her husband are eligible for?

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 and her husband were ongoing Medical Assistance (MA) recipients on March 2, 2020, when the Department received her Redetermination (DHS-1010) form. Exhibit A, pp 1-14.
2. Petitioner's husband receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$████████ and he is eligible for Medicare. Exhibit A, pp 15-17.
3. Petitioner receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$████████ and she is not eligible for Medicare. Exhibit A, pp 18-20.
4. On March 3, 2020, the Department notified Petitioner that her husband was eligible for Medical Assistance (MA) with a \$1,030 monthly deductible. Exhibit A, pp 31-37.

5. Petitioner is eligible for Medical Assistance (MA) under the Healthy Michigan Program (HMP). Exhibit A, p 44.
6. On March 6, 2020, and April 7, 2020, the Department received requests for a hearing protesting the level of Medical Assistance (MA) that she and her husband are eligible for. Exhibit A, pp 38-43.

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.

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income. Department of Health and Human Services Bridges Eligibility Manual (BEM) 105 (January 1, 2020), p 2.

The Healthy Michigan Plan (HMP) is a category of Medicaid (MA) available to individuals that are 19-64 years of age, that are not eligible for Medicare, and that are not eligible for another category of MA benefits. Department of Health and Human Services Bridges Eligibility Manual (BEM) 137 (June 1, 2020), p 1.

The income limit to participate in the Healthy Michigan Plan (HMP) is 133% of the federal poverty level. Department of Health and Human Services Reference Table Manual (RFT) 246 (April 1, 2014), p 1.

Petitioner meets the criteria for HMP benefits, and the combined income of herself and her husband are 108% of the federal poverty level. Therefore, Petitioner is eligible for full MA-HMP benefits.

Petitioner's husband is not eligible for HMP benefits because he is eligible for Medicare. Therefore, the Department determined his eligibility under other categories.

Individuals that are over 64 years of age and/or are disabled are eligible for full Medicaid under the AD-CARE category if their household income does not exceed the federal poverty level. Department of Health and Human Services Bridges Eligibility Manual (BEM) 163 (July 1, 2017), p 1.

Petitioner's husband is potentially eligible for the AD-CARE category of MA but is not eligible for those benefits because the combined income of himself and his wife exceed the federal poverty level.

Therefore, the Department determined eligibility under other categories for Petitioner's husband.


A review of Petitioner's case reveals that the Department budgeted correct amount of income received by the Petitioner. As a resident of Shiawassee County, Petitioner's "protected income level" is \$500, and this amount cannot be changed either by the Department or by this Administrative Law Judge. Department of Human Services Reference Table Manual (RFT) 240 (December 1, 2013), p 1. Department's determination that the Petitioner has a \$1,030 deductible per month he must incur in order to qualify for MA for any medical expenses above is therefore correct.

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 determined the most beneficial category of Medical Assistance (MA) that she and her husband are eligible for.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/nr



Kevin Scully
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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

DHHS

Marci Walker
1720 East Main Street
Owosso, MI 48867

Shiawassee County DHHS- via electronic mail

BSC2- via electronic mail

M. Holden- via electronic mail

D. Sweeney- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

Petitioner

██████████ - via first class mail
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